09/16/2011 17:14

Image# 11932423516

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
1.		USE FEC MAILING LABEL Example: If typing, type over the lines	
L	American Hospital Association	PAC	
L			
AD	DRESS (number and street)	325 Seventh Street, NW	
_	Check if different	Suite 700	
L	than previously reported. (ACC)	Washington	DC 20004
2.	FEC IDENTIFICATION NUMI	BER ♥ CITY ▲	STATE A ZIPCODE A
	C00106146	3. IS THIS X NEW (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5) Due On:	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	X Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q1) Apr 20 (M4) Jul 20 (M7) (c) 12-Day Primary (12P)	Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R)
	July 15 Quarterly Report(Q2 October 15	PRE-Election Report for the: Convention (12C)	Special (12G)
	Quarterly Report(Q3 January 31 Quarterly Report(YE		in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election General (30G)	Runoff (30R) Special (30S)
	Termination Report (TER)	Report for the: Election on	in the State of
5.	Covering Period 0 8	0 1 2 0 1 1 through 0 8	31 2011
l ce	ertify that I have examined this R	eport and to the best of my knowledge and belief it is true, correct	and complete.
Тур	oe or Print Name of Treasurer	Ms. Melinda Hatton	
Sig	nature of Treasurer Electron	cally Filed by Ms. Melinda Hatton	Date 09 16 2011
NO	TE : Submission of false, erron	eous, or incomplete information may subject the person signing th	is Report to the penalties of 2 U.S.C 437g.
	Office Use Only		FEC FORM 3X (Rev. 12/2004)
FE6	6AN026		

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D " D 0 1 08 2011 0.8 31 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 1836473.19 January 1 (b) Cash on Hand at 2395414.66 Begining of Reporting Period 145250.56 1228490.47 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2540665.22 3064963.66 6(a) and 6(c) for Column B) 19618.55 543916.99 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 2521046.67 2521046.67 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

м м 8 0 From:

D D 1

2011

м м 8 0

^D 3 1

Y Y Y 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	79704.23	522279.03	
(ii) Unitemized	45976.92		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	125681.15	706582.79	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	5000.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	125681.15	711582.79	
Transfers From Affiliated/Other Party Committees	19370.00	508645.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	1334.52	
to Federal candidates and Other Political Committees	0.00	5500.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	199.41	1428.16	
Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	145250.56	1228490.47	
Total Federal Receipts (subtract Line 18(c) from Line 19)	145250.56	1228490.47	

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Operating Expenditures:		Calcinati Four to Bute
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	118.55	3416.99
(c) Total Operating Expenditures	118.55	3416.99
(add 21(a)(i), (a)(ii) and (b))	110.33	3410.93
Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees	10500.00	5,40050.00
and Other Political Committees	19500.00	540250.00
(use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
i i		
27. Loans Made	0.00	0.00
(a) Individuals/Persons Other	0.00	250.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	250.00
OO Other Dishamananta	0.00	0.00
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,		# (00 / 0.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19618.55	543916.99
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	19618.55	543916.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	125681.15	711582.79
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	125681.15	711332.79
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	118.55	3416.99
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1334.52
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	118.55	2082.47

FE6AN026

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 110 (check only one) 11a 11b 11c X 12 13 14 15 16 1
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PA Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12144 C C00160259 Occupation	Date of Receipt 0 8 0 2 1 2 0 1 1 Transaction ID: 19305561 Amount of Each Receipt this Period 10000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 130000.00	
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park E PO Box 259038 City Madison	Orive State Zip Code WI 53725-9038	Date of Receipt 0 8 0 3 1 2 0 1 1 Transaction ID: 19305724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C C00422881 Occupation	1370.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5070.00	
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park I PO Box 259038		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Madison FEC ID number of contributing federal political committee.	State Zip Code WI 53725-9038 C C00422881	Transaction ID: 19317001 Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5570.00	
SURTOTAL of Receipts This Page (entional)		11870.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 110 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal) Mailing Address 2901 North Central A Suite 900 City	venue State Zip Code	Date of Receipt M M
Phoenix FEC ID number of contributing federal political committee.	AZ 85012 C C00217687	Amount of Each Receipt this Period 7500.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 7500.00	

SUBTOTAL of Receipts This Page (optional)	•	7500.00
TOTAL This Period (last page this line number only)	<u> </u>	19370.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings Mailing Address 365 Montauk Avenue City New London FEC ID number of contributing federal political committee. Name of Employer Lawrence & Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code CT 06320-4700 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Gerald R. Sprong Mailing Address 4201 Hidden Valley Dr City Saint Joseph FEC ID number of contributing federal political committee. Name of Employer Heartland Health Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. David Adams Mailing Address 1045 Ashland Place City Lynchburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code VA 24503-2533 C	Date of Receipt M M M / D D / Y Y Y Y Y O 8 / D 3 / 2 0 1 1 Transaction ID: 19306998 Amount of Each Receipt this Period 350.00
Centra Lynchbúrg General Hospital Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Vice President Aggregate Year-to-Date ▼ 350.00	1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 110 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Thomas Auer Mailing Address 6001 Dominion Fairwa	ys Place		Date of Receipt
	City Glen Allen	State VA	Zip Code 23059-6918	Transaction ID: 19307000 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Bon Secours-Richmond Community Hospita Receipt For: Primary General Other (specify) ▼		n ecutive Officer e Year-to-Date ▼ 350.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Jennifer Burrows Mailing Address 4805 Glencore Way			Date of Receipt 0 8 0 3 2 0 1 1
	City	State	Zip Code	Transaction ID: 19307001
	Williamsburg	VA	23188-5701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Sentara Williamsburg Regi- onal Medical	Occupation Vice Pres	sident	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Mr. John Degruttola			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive			08 03 2011
	City	State	Zip Code	Transaction ID: 19307002
	Norfolk FEC ID number of contributing federal political committee.	C	23502-3819	Amount of Each Receipt this Period 350.00
	Name of Employer Sentara Healthcare	Occupation SVP, Sal	n les and Marketing	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 110 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA	C	
Full Name (Last, First, Middle Initial) Mr. James Hilbert Mailing Address 1060 First Colonia	I David	Date of Receipt
Mailing Address 1060 First Colonia	i noad	08 03 7 2011
City	State Zip Code	Transaction ID: 19307003
Virginia Beach	VA 23454-3002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Virginia Beach Ge- neral Hospita	Occupation CFO/OPTIM Health	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Kevin J Van Renan		Date of Receipt
Mailing Address 11502 Culpeper Co		08 03 7 2011
City	State Zip Code	Transaction ID: 19307004
Spotsylvania	VA 22551-4671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mary Washington Hospital	Occupation Senior Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	,
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr Ralph Whatley		Date of Receipt
Mailing Address 85 Stoneledge Dr		08 / 03 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 19307005
Roanoke	VA 24019-8503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Carilion Clinic	Occupation Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	, [
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (option	al)	1050.00
	nber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 110 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Bernard H. Becker		Date of Receipt
Mailing Address 4527 SW Crenshaw	Dr.	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19308028
<u>Topeka</u>	KS 66610-1615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Stormont-Vail HealthCare	Occupation VP/Chief Human Resources Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert L Driewer		Date of Receipt
Mailing Address 1201 West 12th Ave	nue	08 / 03 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State Zip Code	Transaction ID: 19308050
<u>Emporia</u>	KS 66801-2504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Newman Regional Health	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Kevin J. Han		Date of Receipt
Mailing Address 6200 SW 34th Terr.		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19308060
Topeka	KS 66614-4667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Stormont-Vail HealthCare	Occupation Director, Financial Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mrs. Janet Stanek Mailing Address 6755 SW Dancaster Road City Topeka FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD Mailing Address 2550 University Avenue V	me and address of any political committee to s	Date of Receipt Date of Receipt
Mrs. Janet Stanek Mailing Address 6755 SW Dancaster Road City Topeka FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD	State Zip Code KS 66610-1412 C Occupation Sr. Vice President Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Topeka FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD	State Zip Code KS 66610-1412 C Occupation Sr. Vice President Aggregate Year-to-Date ▼	0 8 0 3 2 0 1 1 Transaction ID: 19308101 Amount of Each Receipt this Period
Topeka FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD	C Occupation Sr. Vice President Aggregate Year-to-Date	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Stormont-Vail HealthCare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD	Occupation Sr. Vice President Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD	Sr. Vice President Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD	Aggregate Year-to-Date ▼	_
Mr. Matthew Anderson, JD	0 0 0 0 0 0 0 0	
Mailing Address 2550 University Avenue v	V.	Date of Receipt
		08 03 2011
City Saint Paul	State Zip Code MN 55114-1052	Transaction ID: 19308857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33114 1032	230.82
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice Pres, Regulatory/Strategic Affair	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 461.64	
Full Name (Last, First, Middle Initial) Ms. Ann Gibson		Date of Receipt
Mailing Address 2550 University Avenue V Suite 350-S	٧.	08 03 2011
City	State Zip Code	Transaction ID: 19308859
Saint Paul FEC ID number of contributing	MN 55114-1052	Amount of Each Receipt this Period
federal political committee.	C	110.00
Name of Employer Minnesota Hospital Associ- ation	Occupation Director, Federal Relations]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	
SUBTOTAL of Receipts This Page (optional)		•

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 110 (check only one) X
0	r for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr. Curt Hohman		Date of Receipt
	Mailing Address 47931 Oak Ridge Plac	e	08 03 7 2011
	City	State Zip Code	Transaction ID: 19308863
	Harrisburg	SD 57032-8239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	175.00
	Name of Employer Avera McKennan Hospital and University	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	175.00	
	Full Name (Last, First, Middle Initial) Mr. Ben Peltier	<u> </u>	Date of Receipt
	Mailing Address 2550 University Avenu Suite 350-S	08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Transaction ID: 19309076	
	Saint Paul	MN 55114-1907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	272.70
	Name of Employer Minnesota Hospital Associ- ation	Occupation Vice President, Legal Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	363.60	
_	Full Name (Last, First, Middle Initial) Mr. Joe Schindler		Date of Receipt
	Mailing Address 2550 University Avenu Suite 350-S	08 03 7 2011	
	City	State Zip Code	Transaction ID: 19309077
	Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	115.38
	Name of Employer Minnesota Hospital Associ- ation	Occupation Senior Director of Data and Finance I	Pd
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	230.76	
Γ	CURTOTAL of Descints This Dags (antique)		563.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 110 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Marshall E Smith Mailing Address 1013 Hart Boulevard City Monticello FEC ID number of contributing federal political committee. Name of Employer New River Medical Center	State Zip Code MN 55362-8575 C Occupation Chief Executive Officer	Date of Receipt M M M O 3 O 3 O 2 O 1 1 Transaction ID: 19309078 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn Mailing Address 2550 University Avenue	ue W.	Date of Receipt O 8 O 3 O 3 O 10 O 10
City	State Zip Code	Transaction ID: 19309146
Saint Paul FEC ID number of contributing federal political committee.	MN 55114-1052	Amount of Each Receipt this Period 120.00
Name of Employer Minnesota Hospital Association Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Vice President of Information Service Aggregate Year-to-Date 240.00	es
Full Name (Last, First, Middle Initial) Ms. Peggy Westby	1	Date of Receipt
Mailing Address 2550 University Avenual Suite 350-S		08 03 2011
City <u>Saint Paul</u>	State Zip Code MN 55114-1052	Transaction ID: 19309148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.76	
	•	485.38

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David Kapaska Mailing Address P O Box 5045 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Avera McKennan Hospital and University Receipt For: Primary General Other (specify)	State Zip Code SD 57117-5045 C Occupation Regional President Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Curt Hohman Mailing Address 47931 Oak Ridge Place City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Avera McKennan Hospital and University Receipt For: Primary General Other (specify)	State Zip Code SD 57032-8239 C Occupation Chief Executive Officer Aggregate Year-to-Date 222.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Gary D. Duncan Mailing Address 1437 Crestwood Drive City Joplin FEC ID number of contributing federal political committee. Name of Employer Freeman Health System Receipt For: Primary General Other (specify)	State Zip Code MO 64801-1039 C Occupation President and Chief Executive Office Aggregate Year-to-Date 1000.00	Date of Receipt M M O A O A O A O A O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)		1297.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 16 / 110 (check only one)
TEMPLES RESERVES	Detailed Summary Page	X 11a 11b 11c 12 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker		Date of Receipt
Mailing Address 7800 South Eagle F	Road	08 04 2011
City	State Zip Code	Transaction ID: 19316995
<u>Columbia</u>	MO 65203-9017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.75
Name of Employer Missouri Hospital Associa- tion	Occupation Senior VP, Commc. & Health Improve	e m ent
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	306.25	
Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon	1	Date of Receipt
Mailing Address 1811 Forest Park C	ourt	08 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19317006
<u>Jefferson City</u>	MO 65109-9782	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice President, Governmental Rela	at
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	437.50	
Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff		Date of Receipt
Mailing Address 5119 Coventry Way	/e	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19317012
Jefferson City	MO 65101-8284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.75
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	306.25	
	I)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill		Date of Receipt
Mailing Address 2906 Valley View Terra	ce	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19317015
Jefferson City	MO 65109-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.75
Name of Employer Missouri Hospital Associa-	Occupation	
<u>tion</u>	Senior Vice President & General Cou	nse
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	306.25	
Full Name (Last, First, Middle Initial) Mr. Herb B. Kuhn		Date of Receipt
Mailing Address 5310 Saddlebrooke Lar	ne	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19317017
<u>Lohman</u>	MO 65053-9353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Missouri Hospital Associa- tion	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Mr. Tom Helling		Date of Receipt
Mailing Address 495 Travelers Express	Tower	08 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19320705
Minneapolis	MN 55416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Presidents Solutions, Inc	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))	668.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 110 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	 y not be sold or used by any perso dress of any political committee to	13 14 15 16 10 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) American Hospital Association PAC		•	
Full Name (Last, First, Middle Initial) Mr. Reginald M. Ballantyne, III			Date of Receipt
Mailing Address 3266 East Valley Vista	Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19320706
Paradise Valley	AZ	85253-3738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Vanguard Health System	Occupation Senior C	n orporate Officer	7
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	1.55.55410	1000.00	
Full Name (Last, First, Middle Initial) Mr. Jay M. Baumgartner			Date of Receipt
Mailing Address 111 Woodlawn Dr.			0 8 0 5 2 0 1 1
City	State	Zip Code	Transaction ID: 19320710
Warsaw	IN	46580-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Otis R. Bowen Center for Human Service	Occupation Chief Fin	n ancial Officer	
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Mr. Vincent C. Caponi, FACHE			Date of Receipt
Mailing Address 8166 Darnley Court			08 05 7 2011
City	State	Zip Code	Transaction ID: 19320716
Indianapolis	IN	46260-2906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St. Vincent Health	Occupation Chief Exe	n ecutive Officer	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 110 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements may ne name and addr	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Spencer L. Grover			Date of Receipt
	Mailing Address 3636 Emily Way			08 05 2011
	City	State	Zip Code	Transaction ID: 19320722
	Carmel	IN	46033-4442	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Indiana Hospital Associat- ion	Occupation Vice Presi		
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Ms. Katherine Humphreys			Date of Receipt
	Mailing Address P.O. Box 935			08 / 05 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19320726
	South Bend	<u>IN</u>	46624-0935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Vincent Health	Occupation Senior Vic	ce President Government F	Relat
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Gregory W Lintjer			Date of Receipt
	Mailing Address 53308 Monticola Land	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19320731
	Bristol	IN	46507-9692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Elkhart General Healthcare System	Occupation Hospital P		
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Г		1		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may no name and addre	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
٠,	Full Name (Last, First, Middle Initial) Paula Swenson			Date of Receipt
	Mailing Address 2903 Coachman Dr.			08 05 7 2011
	City Valparaiso	State IN	Zip Code 46385-2990	Transaction ID: 19320744
	FEC ID number of contributing federal political committee.	C	40303-2990	Amount of Each Receipt this Period 250.00
	Name of Employer St. Catherine Hospital	Occupation Chief Nursi	ng Officer	
	Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Scott L. Teffeteller			Date of Receipt
	Mailing Address 6833 E. Manor Dr.			0 8 0 5 2 0 1 1
	City	State	Zip Code	Transaction ID: 19320745
	Terre Haute	IN	47802-9021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Union Hospital, Inc.	Occupation Vice Presid	ent, COO	
	Receipt For:	Aggregate Yo	ear-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) lan Worden	l		Date of Receipt
	Mailing Address 10749 King's Mill Dr.			08 05 YYYY 2011
	City	State	Zip Code	Transaction ID: 19320750
•	Carmel FEC ID number of contributing federal political committee.	C	46032-9467	Amount of Each Receipt this Period 500.00
	Name of Employer St. Vincent Health	Occupation Hospital CF	- 0	
	Receipt For: Primary General Other (specify) ▼	 	ear-to-Date ▼ 500.00	
		<u> </u>		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 110 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Arthur A Ushijima		Date of Receipt
	Mailing Address 1099 Alakea Street, Su	ite 1100	08 / 09 / 2011
	City	State Zip Code	Transaction ID: 19320756
	<u>Honolulu</u>	HI 96813-4512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Queen's Health Systems	Occupation President and Chief Executive Office	er
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Edward Andersen		Date of Receipt
	Mailing Address 100 East LeFevre Roa	d 	08 / 09 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: 19320784
	Sterling	IL 61081-1279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer CGH Medical Center	Occupation President and Chief Executive Office	eer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Jeffrey Brickman		Date of Receipt
	Mailing Address 333 North Madison Str	eet	08 09 7 2011
	City	State Zip Code	Transaction ID: 19320785
	<u>Joliet</u>	IL 60435-8200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Provena Saint Joseph Medi- cal Center	Occupation President and Chief Executive Office	eer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		1250.00
\vdash	FOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 110 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Danny Chun		Date of Receipt
Mailing Address 303 North Oak Park	Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19320786
Oak Park	IL 60302-2189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Illinois Hospital Associa- tion	Occupation Vice President, Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. David S Fox		Date of Receipt
Mailing Address 3815 Highland Avenue	ue	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19320943
Downers Grove	IL 60515-1500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advocate Good Samaritan Hospital	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. William Gorski, M.D.		Date of Receipt
Mailing Address 1400 Charles Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19320944
Rockford	IL 61104-2224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SwedishAmerican Hospital	Occupation Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/110 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Mr. Evert J Kuiper			Date of Receipt
Mailing Address P O Box 340			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alton	State IL	Zip Code 62002-0340	Transaction ID: 19320945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02002-0340	500.00
Name of Employer Saint Anthony's Health Ce- nter	Occupation Presiden	n t and Chief Executive Office	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Keith Allen Page			Date of Receipt
Mailing Address 6800 State Route 16	62		0 8 0 9 2 0 1 1
City	State	Zip Code	Transaction ID: 19321101
Maryville FEC ID number of contributing	<u>IL</u>	62062-8500	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer Anderson Hospital	Occupation Presiden	n t and Chief Executive Office	_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Antony D Herbert			Date of Receipt
Mailing Address 11528 Tottenham P	lace		0 8 1 0 2 0 1 1
City Richmond	State VA	Zip Code	Transaction ID: 19321246
FEC ID number of contributing federal political committee.	C	23233-1754	Amount of Each Receipt this Period 350.00
Name of Employer Bon Secours-Richmond Comm- unity Hospita	Occupation Trustee		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1350.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. James D Krauss		Date of Receipt
	Mailing Address 2010 Health Campus [Orive	08 / 10 / Y Y Y Y
	City <u>Harrisonburg</u>	State Zip Code VA 22801-3293	Transaction ID: 19321248
	FEC ID number of contributing federal political committee.	C 22001-3293	Amount of Each Receipt this Period 350.00
	Name of Employer Rockingham Memorial Hospi- tal	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
– В.	Full Name (Last, First, Middle Initial) Mr. Marshall Ruffin, MD		Date of Receipt
	Mailing Address 300 Wellington Dr		08 10 2011
	City Charlottesville	State Zip Code	Transaction ID: 19321249
	FEC ID number of contributing federal political committee.	VA 22903-4742	Amount of Each Receipt this Period 350.00
	Name of Employer Inova Health System	Occupation Chief Technology Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
_ C.	Full Name (Last, First, Middle Initial) Mr. Emory W. Tibbs, Jr.		Date of Receipt
	Mailing Address 1740 Hidden Oaks Lar	ne	08 10 2011
	City	State Zip Code	Transaction ID: 19321250
	Bedford FEC ID number of contributing federal political committee.	VA 24523-6864	Amount of Each Receipt this Period 350.00
	Name of Employer Centra Health, Inc.	Occupation Senior Vice President Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1050.00
上	TOTAL This Period (last page this line number		<u> </u>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr John Suits		Date of Receipt
Mailing Address P O Box 1326		08 11 YYYY 2011
City	State Zip Code	Transaction ID: 19321260
Colorado Springs	CO 80901-1326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Memorial Health System	Occupation Director Government Relations	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. John Gardner	1	Date of Receipt
Mailing Address 1000 West 8th Avenue	9	08 11 2011
City	State Zip Code	Transaction ID: 19321270
Yuma	CO 80759-2641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yuma District Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Bain J Farris		Date of Receipt
Mailing Address 1835 Franklin Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19321291
Denver	CO 80218-1126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Exempla Saint Joseph Hosp- ital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 110 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James V. Ferando Mailing Address P O Box 25489			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix FEC ID number of contributing	State AZ	Zip Code 85002-5489	Transaction ID: 19321293 Amount of Each Receipt this Period 250.00
Name of Employer Banner Health - Western Region Receipt For: Primary General Other (specify)	Occupation Presiden	n t Western Region Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr Kirk Dignum Mailing Address 1010 Three Springs	Boulevard		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19321297
Durango FEC ID number of contributing federal political committee.	C	81301-8296	Amount of Each Receipt this Period 250.00
Name of Employer Mercy Regional Medical Center Receipt For: ☐ Primary ☐ General Other (specify) ▼		n t and Chief Executive Office Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Mr. Scott Anderson Mailing Address 7335 East Orchard	Pood		Date of Receipt
Suite 100			08 11 2011
City Greenwood Village	State CO	Zip Code 80111-2582	Transaction ID: 19321298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Colorado Hospital Associa- tion Receipt For:		sident of Professional Activit	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	(h		750.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only only only only only only only only	
or for commercial pur	poses, other than using the n	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpos o solicit contribut	se of soliciting contributions ions from such committee.
NAME OF COMM American Hosp	ital Association PAC				
Full Name (Last, F Mr. Carmelo J Moce	eri			Date of R	•
	1400 Boulder Street		7:01	0 8	11 2011
City <u>Colorado Sprin</u>	ns	State CO	Zip Code 80909-5533		on ID: 19321305 If Each Receipt this Period
FEC ID number of federal political con	contributing	C		- Allouit C	250.00
Name of Employer Memorial Health S	ystem	Occupation Chief Stra	n ategy Officer		
Receipt For: Primary Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 250.00		
Mr. Michael L Fordy	Full Name (Last, First, Middle Initial) Mr. Michael L Fordyce			Date of R	'
Mailing Address	Mailing Address 3425 South Clarkson Street				11 2011
City		State	Zip Code		on ID: 19321309
Englewood		CO	80113-2811	Amount o	of Each Receipt this Period
FEC ID number of federal political cor	mmittee.	C			375.00
Name of Employer Craig Hospital		Occupation President	n : and Chief Executive Office	r	
Receipt For:	O	Aggregate	Year-to-Date ▼		
Primary Other (speci	General (fy) ▼		375.00		
Full Name (Last, F Mr. Steven F Bradle	,			Date of R	eceipt
Mailing Address	759 Chestnut Street			0 8	05 YYYY 2011
City		State	Zip Code		on ID: 19321414
<u>Springfield</u>		MA	01199-0001	Amount o	of Each Receipt this Period
FEC ID number of federal political con		C			262.50
Name of Employer Baystate Health, In	nc.	1	ident Government Relation	s	
Receipt For: Primary Other (speci	General ▼	Aggregate	Year-to-Date ▼ 262.50		
SUBTOTAL of Rece	ipts This Page (optional)				887.50
TOTAL This Period	(last page this line number o	nlv)			

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 110 (check only one) X 11a 11b 11c 12
Any or fo	information copied from such Reports and S	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	Talle and address of any pointed committee to	osilot contributione from coort committee.
	Full Name (Last, First, Middle Initial) Mr. William Doherty		Date of Receipt
<u></u>	Mailing Address 42 Canterbury Street		08 / DDD / YYYYY 2011
	City	State Zip Code	Transaction ID: 19321415
<u> </u>	Andover	MA 01810-2803	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	262.50
N H	lame of Employer Hallmark Health System	Occupation Chief Medical Officer	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert G Norton		Date of Receipt
_ _	Mailing Address 81 Highland Avenue		08 05 7 2011
	City	State Zip Code	Transaction ID: 19321416
5	Salem	MA 01970-2768	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	562.50
_	lame of Employer North Shore Medical Center	Occupation President and Chief Executive Officer	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	562.50	
	ull Name (Last, First, Middle Initial) Mr. John A. Dresser		Date of Receipt
N	Mailing Address One Kelly Lane		0 8 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 19321418
7	<u>Vayland</u>	MA 01778-1034	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	262.50
N E	lame of Employer Emerson Hospital	Occupation Vice President, Development	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
CIII	BTOTAL of Receipts This Page (optional)		1087.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ms. Christine C Schuster Mailing Address 133 Old Road to Nine A	Acre Corner		Date of Receipt
	City Concord	State MA	Zip Code 01742-9120	Transaction ID: 19321437 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01742-9120	562.50
	Name of Employer Emerson Hospital Receipt For: Primary General		n t and Chief Executive Officer e Year-to-Date ▼	<u>r</u>
_	Other (specify) ▼	0 0	562.50	
3.	Full Name (Last, First, Middle Initial) Ms Karen Bills Mailing Address P O Box 237388			Date of Receipt 0 8 1 1 1 2 0 1 1
	City	State	Zip Code	Transaction ID: 19322324
	Cocoa Beach FEC ID number of contributing federal political committee.	C	32933	Amount of Each Receipt this Period 295.00
	Name of Employer Palm Bay Hospital	Occupatio Pharmac	n cy Manager	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 295.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Philip E. Boyce			Date of Receipt
	Mailing Address 3563 Phillips Highway Suite 101		7: 0 1	08 11 2011
	City Jacksonville	State FL	Zip Code 32207-5663	Transaction ID: 19322333 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		645.00
	Name of Employer Baptist Health	Occupatio Senior V	n ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 645.00	
	SUBTOTAL of Receipts This Page (optional)			1502.50
Ī	TOTAL This Period (last page this line number of	only)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicinic contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mailing Address 747 Satellite Rd City State Zip Code Transaction ID: 19322334 GraceVille FL 32440-4661 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Permitance (Figority) ▼ State Zip Code Malling Address 703 North Flamingo Road Date of Receipt Transaction ID: 19322334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322335 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Permitance (Last, First, Middle Initial) Ms. Sue E Bradford Malling Address 703 North Flamingo Road City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal political committee) City State Zip Code Permitance (Contributing federal politic		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 110 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (in Full) American Hospital Association PAC In Il Name (Last, First, Middle Initial) Most Brenda Bozarth Mailing Address 747 Satellite Rid Oily State Zip Code FEC 1D number of contributing federal political committee. Name of Employer Mailing Address 703 North Flamingo Road City State Zip Code Pembroke Pines FL 33028-1014 FEC 1D number of contributing federal political committee. City Primary Other (specify) ▼ State Zip Code FL 33028-1014 FEC 1D number of contributing federal political committee. City Primary Other (specify) ▼ State Zip Code FL 33028-1014 FEC 1D number of contributing federal political committee. City Primary Other (specify) ▼ State Zip Code FL 33028-1014 FEC 1D number of contributing federal political committee. City State Zip Code Primary Other (specify) ▼ State Zip Code Primary Floris Floris Primary General Other (specify) ▼ State Zip Code Primary Floris Primary Floris Primary Floris Primary General Other (specify) ▼ State Zip Code FL 33021-5249 FUll Name (Last, First, Middle Initial) Ms. Sussan Chertoft Mailing Address 5109 Hayes Street City Floris Floris Floris Primary General Other (specify) ▼ State Zip Code FL 33021-5249 FEC 1D number of contributing federal political committee. City Floris		Any information copied from such Reports and Story for commercial purposes, other than using the	tatements may not be sold or used by any person	for the purpose of soliciting contributions
Mailing Address 747 Satellite Rd City State Zip Code Graceville FL 32440-4661 FEC ID number of contributing federal political committee. Name of Engloyer Mailing Address 703 North Flamingo Road City State Zip Code FL 33028-1014 Full Name (Last, First, Middle Initial) Ms. Sue E Bradford Mailing Address 703 North Flamingo Road City State Zip Code Pembroke Pines FL 33028-1014 FEC ID number of contributing federal political committee. City State Zip Code Pembroke Pines FL 33028-1014 FEC ID number of contributing federal political committee. City State Zip Code Pembroke Pines FL 33028-1014 FEC ID number of contributing federal political committee. City State Zip Code Pembroke Pines FL 33028-1014 FEC ID number of contributing federal political committee. City State Zip Code Pembroke Pines FL 33028-1014 Full Name (Last, First, Middle Initial) Ms. Susan Cherioft Mailing Address 5109 Hayes Street City State Zip Code Pholity State Zip Code Pholity Pembroke Pines FL 33021-5249 Full Name (Last, First, Middle Initial) Ms. Susan Cherioft Mailing Address 5109 Hayes Street City State Zip Code Pholity State Zip Code Pholity Pholity State Zip Code P		NAME OF COMMITTEE (In Full)	maine and address of any political committee to s	olicit contributions from Such committee.
City Graceville FE. 32440-4661 FEC ID number of contributing federal political committee. C Name of Employer Northwest Florida Community Hospital Receipt For: Primary General Other (specify) ▼ State Zip Code Pembroke Pines FL 33028-1014 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 19322334 Amount of Each Receipt this Period Z50.00 Date of Receipt Transaction ID: 19322335 Transaction ID: 19322345 Transaction ID: 19322335 Transaction ID: 19322345 T	∠ 4.			Date of Receipt
Graceville FEC ID number of contributing federal political committee. Name of Employer Northwest Florida Community I Cocupation Admin Director Profesional Services Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Pemboyer Mailing Address 703 North Flamingo Road City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West City State Zip Code Primary General Other (specify) ▼ State Zip Code Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 19322335 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt In: 171 Transaction ID: 19322345 Amount of Each Receipt In: 172 Date of Receipt In: 173 Date of Receipt In: 173 Date of Receipt In: 174 Date of Receipt In: 1		Mailing Address 747 Satellite Rd		
FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital Name of Employer Memorial First, Middle Initial) Mass use E Braderd Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code FL 33028-1014 Transaction ID: 19322335 Amount of Each Receipt to Transaction ID: 19322335 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322335 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322335 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322335 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322335 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt In: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19322345 Amount of Each Receipt Transaction ID: 19322345 Amount of Ea			•	Transaction ID: 19322334
Same of Employer Northwest Florida Community Hospital Northwest Florida Community Hospital Receipt For: Receipt For: Primary General Quite of Receipt Quite of Receip		Graceville	FL 32440-4661	Amount of Each Receipt this Period
Name Services S			C	250.00
Aggregate Year-to-Date ▼ Primary		Name of Employer Northwest Florida Communi-	· ·	1
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Ms. Sue E Bradford Malling Address 703 North Flamingo Road City Pembroke Pines FL 33028-1014 FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Ms. Susan Chertoff Malling Address 5109 Hayes Street City State Zip Code Phollywood FL 33021-5249 FUll Name (Last, First, Middle Initial) Ms. Susan Chertoff Malling Address 5109 Hayes Street City State Zip Code Hollywood FL 33021-5249 FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation Dir. Business Develop/Phys. Relations Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		ty Hospital Receipt For:		-
Mailing Address 703 North Flamingo Road City State Zip Code Pembroke Pines FL 33028-1014 FEC ID number of contributing federal political committee. Name of Employer Mailing Address 5109 Hayes Street City State Zip Code FL 33028-1014 Full Name (Last, First, Middle Initial) Ms. Susan Chertoff Mailing Address 5109 Hayes Street City State Zip Code FL 33021-5249 FUIl Name (Last, First, Middle Initial) Ms. Susan Chertoff Mailing Address 5109 Hayes Street City State Zip Code FL 33021-5249 FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Aggregate Year-to-Date ▼ Cocupation Dir. Business Develop/Phys. Relations Receipt For: Aggregate Year-to-Date ▼ Occupation Dir. Business Develop/Phys. Relations Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19322345 Amount of Each Receipt M M		Primary General	250.00	
Mailing Address 703 North Flamingo Road City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Other (specify) ▼ C. State Zip Code FEL 33028-1014 Coccupation Chief Nursing Officer Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Ms. Susan Chertoff Mailing Address 5109 Hayes Street City State Zip Code FL 33021-5249 FEC ID number of contributing federal political committee. C State Zip Code FL 33021-5249 FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Name of Employer Memorial Regional Hospital C C State Sign State Sign State Sign Sign Sign Sign Sign Sign Sign Sign	_ 3.			Date of Receipt
City State Zip Code FL 33028-1014 FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West City Hollywood FL 33021-5249 FEC ID number of contributing federal political committee. C		Mailing Address 703 North Flamingo Ro	pad	M M / D D / Y Y Y Y
Pembroke Pines FL 33028-1014 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Chief Nursing Officer Receipt For: Primary General Other (specify) ▼ City State Zip Code Hollywood FL 33021-5249 FEC ID number of contributing federal political committee. City State Zip Code FL 33021-5249 FEC ID number of contributing federal political committee. City State Zip Code FL 33021-5249 FEC ID number of contributing federal political committee. City State Zip Code FL 33021-5249 FEC ID number of contributing federal political committee. City State Zip Code FL 33021-5249 FEC ID number of contributing federal political committee. City State Zip Code FL 33021-5249 Amount of Each Receipt this Period 250.00		City	State Zip Code	
Name of Employer Memorial Hospital West Name of Employer Memorial Hospital West		Pembroke Pines	FL 33028-1014	
Memorial Hospital West Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Ms. Susan Chertoff Mailing Address 5109 Hayes Street City State Zip Code Hollywood FL 33021-5249 FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) ▼ Occupation Dir. Business Develop/Phys. Relations Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000 000			C	500.00
Primary		Name of Employer Memorial Hospital West	·	
Mailing Address 5109 Hayes Street City State Zip Code Hollywood FL 33021-5249 FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General		
Mailing Address 5109 Hayes Street City State Zip Code Transaction ID: 19322345 Hollywood FL 33021-5249 FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Receipt For: Occupation Dir. Business Develop/Phys. Relations Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Amount of Each Receipt this Period 250.00	_ }.	,		Date of Receipt
City State Zip Code Transaction ID: 19322345 Hollywood FL 33021-5249 Amount of Each Receipt this Period EC		Mailing Address 5109 Hayes Street		
FEC ID number of contributing federal political committee. Name of Employer Memorial Regional Hospital Primary General Other (specify) ▼ Occupation Dir. Business Develop/Phys. Relations Aggregate Year-to-Date ▼ 250.00		•	State Zip Code	
Name of Employer Memorial Regional Hospital Receipt For: Primary Other (specify) ▼ Occupation Dir. Business Develop/Phys. Relations Aggregate Year-to-Date 250.00		Hollywood	FL 33021-5249	Amount of Each Receipt this Period
Memorial Regional Hospital Dir. Business Develop/Phys. Relations Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			C	250.00
Primary General Other (specify) ▼ 250.00		Name of Employer Memorial Regional Hospital	·	
CURTOTAL of Residue This Rese (autions)		Primary General		
SUBTUTAL OF Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	chedule(s) ory of the	OR LINE NUMBER: PAGE 31 / 110 heck only one) 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or use name and address of any politic	ed by any person for al committee to solic	the purpose of soliciting contributions it contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ms. Cheryl Eagan Mailing Address 75 Bahama Circle City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: Primary General	State Zip Code FL 33606-3339 C Occupation Vice President, Support Aggregate Year-to-Date ▼		Date of Receipt M M M
— З.	Full Name (Last, First, Middle Initial) Ms. Margaret Hansen Mailing Address 10113 NW 68th Court City Parkland FEC ID number of contributing federal political committee. Name of Employer Memorial Healthcare System Receipt For: Primary General Other (specify)	State Zip Code FL 33076-2905 C Occupation Chief Nursing Officer Aggregate Year-to-Date ▼	250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Ms. Marianne Hillegass Mailing Address 3561 Sanctuary Blvd. City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Baptist Medical Center Receipt For: Primary General Other (specify)	State Zip Code FL 32250-2571 C Occupation Vice President, Operation Aggregate Year-to-Date	ns 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 110 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any person r name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Sally Houston Mailing Address 6528 Surfside Blvd. City Apollo Beach FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: Primary General Other (specify)	State Zip Code FL 33572-3008 C Occupation Chief Medical Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19325868 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Ronald A Hytoff Mailing Address P O Box 1289 City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: Primary General Other (specify)	State Zip Code FL 33601-1289 C Occupation President and Chief Executive Office Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 19325869 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Ms. Sally Jackson Mailing Address 2776 Cleveland Avenue City Fort Myers FEC ID number of contributing federal political committee. Name of Employer Lee Memorial Health System Receipt For: Primary General Other (specify)	e State Zip Code FL 33901-5864 C Occupation System Director Community Project Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 1 1 2 0 1 1 Transaction ID: 19325870 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Beports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 11 for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Steven M Johnson Mailing Address P O Box 59515		Date of Receipt
	2'- O-1	08 11 2011
City Panama City	State Zip Code FL 32402-2515	Transaction ID: 19325871 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Bay Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Diane M. Kazmierski Mailing Address 4736 Royal Palm Ci	rcle. NE	Date of Receipt
		08 11 2011
City Saint Petersburg	State Zip Code FL 33703-3138	Transaction ID: 19325872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	545.00
Name of Employer BayCare Health System	Occupation Vice President, Managed Care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	
Full Name (Last, First, Middle Initial) Mr. John A Kolosky		Date of Receipt
Mailing Address 12902 Magnolia Driv	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19325877
<u>Tampa</u>	FL 33612-9497	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer H. Lee Moffitt Cancer Cen- ter and Resea	Occupation Executive Vice President and Chief Op	ę
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)) >	1545.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 110 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Anthony C. Krayer, III	,	Date of Receipt
Mailing Address 6051 North Ocean I #14405	Drive	08 11 2011
City	State Zip Code	Transaction ID: 19325878
Hollywood	FL 33019-4620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Healthcare System	Occupation Chief Administrative Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Phillipe Latreille		Date of Receipt
Mailing Address 1508 Lance Wood	Terrace	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19325879
Palm City	FL 34990-8017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Martin Memorial Health Sy- stems	Occupation Hospital Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Elizabeth Lindsay-Wood		Date of Receipt
Mailing Address P O Box 1289		08 11 2011
City	State Zip Code	Transaction ID: 19325889
Tampa	FL 33601-1289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tampa General Hospital	Occupation Vice President Information Systems	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 110 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements mane name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr John Loewenberg Mailing Address 12777 Mariner Ct			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Palm City FEC ID number of contributing federal political committee.	State FL	Zip Code 34990-8034	Transaction ID: 19325890 Amount of Each Receipt this Period 250.00
Name of Employer Martin Memorial Health Systems Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupatio Hospital Aggregate		
Full Name (Last, First, Middle Initial) Mr. Tom Macaluso Mailing Address 624 Isle of Palms. Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Lauderdale FEC ID number of contributing federal political committee.	State FL	Zip Code 33301-2510	Transaction ID: 19325892 Amount of Each Receipt this Period 350.00
Name of Employer Memorial Regional Hospital South Receipt For: Primary General Other (specify) ▼		edical Officer e Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Ms. Angie Marano Mailing Address 3925 NW 87th Ave			Date of Receipt
City Hollywood FEC ID number of contributing federal political committee.	State FL	Zip Code 33024-8701	Transaction ID: 19325893 Amount of Each Receipt this Period 500.00
Name of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify) ▼	- '	operations Officer e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may r name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Ms. Jean Mayer Mailing Address 2408 W. Watrous Aver	2110		Date of Receipt
	City	State	Zip Code	0 8 1 1 2 0 1 1 Transaction ID: 19325973
	Tampa	FL	33629-5343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3322 33 3	250.00
	Name of Employer Tampa General Hospital	Occupation Vice Presi	dent for Strategic Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Michael A Mayo Mailing Address 6847 Mossvine Circle	Date of Receipt		
	Mailing Address 6847 MOSSVITIE CITCLE			08 11 2011
	City	State	Zip Code	Transaction ID: 19325975
	<u>Dallas</u>	TX	75254-7951	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1045.00
	Name of Employer Baptist Medical Center	Occupation Hospital P		
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 1045.00	
- ; <u>.</u>	Full Name (Last, First, Middle Initial) Mr James Mondello			Date of Receipt
	Mailing Address 1204 NW Winters Cree	ek Rd		0 8
	City	State	Zip Code	Transaction ID: 19326339
	Palm City	FL	34990-8086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Martin Memorial Health Sy- stems	Occupation Trustee		
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1545.00
T	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel R Morgan Mailing Address P O Box 59515 City Panama City FEC ID number of contributing federal political committee. Name of Employer Bay Medical Center Receipt For: Primary General Other (specify)	State Zip Code FL 32402-2515 C Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M D D 2 0 1 1 Transaction ID: 19326340 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Kathy Murray, MSN, RN Mailing Address 13286 Stone Pond Dr City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Baptist Medical Center Downtown Receipt For: Primary General Other (specify)	State Zip Code FL 32224-1622 C Occupation Vice President, Patient Care Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J Z D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Deana L. Nelson, RN Mailing Address Post Office Box 1289 City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: Primary General Other (specify)	State Zip Code FL 33601-1289 C Occupation Executive Vice President & Chief Oper Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 19326521 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	>	1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pers name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		-
	Full Name (Last, First, Middle Initial) Ms. Judith Ploszek Mailing Address 2863 Bayshore Trails I	Duh. ra	Date of Receipt
	Mailing Address 2863 Bayshore Trails I	nive	0 8 1 1 2 0 1 1
	City	State Zip Code	Transaction ID: 19326543
	Tampa	FL 33611-5525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Tampa General Hospital	Occupation Vice President Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Mr. Stephen A Purves		Date of Receipt
	Mailing Address 1500 Sw 1St Ave		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 19326544
	Ocala	FL 34471-6504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Munroe Regional Medical Center	Occupation President and Chief Executive Office	er
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1100.00	
_	Full Name (Last, First, Middle Initial) Ms. Diane S. Raines		Date of Receipt
	Mailing Address 4090 San Jose Boulev	ard	08 11 2011
	City	State Zip Code	Transaction ID: 19326545
	<u>Jacksonville</u>	FL 32207-6063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Baptist Health	Occupation Senior Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	500.00	
Г	NIPTOTAL (D TI: D ()		850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark E Robitaille Mailing Address P O Box 9010 City Stuart FEC ID number of contributing federal political committee. Name of Employer Martin Memorial Health Systems	State Zip Code FL 34995-9010 C Occupation President and Chief Executive Officer	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 1 1 2 0 1 1 Transaction ID: 19326547 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Chris Roederer Mailing Address 615 Riviera Dunes	Way #107	Date of Receipt 0 8 1 1 1 2 0 1 1
City Palmetto FEC ID number of contributing federal political committee.	State Zip Code FL 34221-7145	Transaction ID: 19326548 Amount of Each Receipt this Period 250.00
Name of Employer Tampa General Hospital Receipt For: Primary General Other (specify) ▼	Occupation Vice President for Human Resources Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Frank V Sacco Mailing Address 3501 Johnson Stree	et	Date of Receipt
City Hollywood FEC ID number of contributing	State Zip Code FL 33021-5487	Transaction ID: 19326549 Amount of Each Receipt this Period 500.00
Rame of Employer Memorial Healthcare System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	ıl)	1750.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. M. C. C. C. C. F. f. f. N. L.	iull Name (Last, First, Middle Initial) Ar. Patrick A Schlenker, FACHE Mailing Address P O Box 889 City Chipley EC ID number of contributing ederal political committee. Iame of Employer Vorthwest Florida Community y Hospital ecceipt For: Primary General Other (specify)		Zip Code 32428-0889 n t and Chief Executive Officer Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. M. C. T. F. F. F. F. T.	Full Name (Last, First, Middle Initial) As Kathi Sengin Aailing Address 502 South Fremont Ave City Fampa EC ID number of contributing ederal political committee. Lame of Employer ampa General Hospital Receipt For: Primary General Other (specify)	State FL C Occupation Senior V		Date of Receipt M M / D D / Y Y Y Y Y O 8 1 1 1 2 0 1 1 Transaction ID: 19326552 Amount of Each Receipt this Period 250.00
C. M	iull Name (Last, First, Middle Initial) As. Deborah Tedder Mailing Address 3501 Johnson Street City Hollywood EC ID number of contributing ederal political committee. Jame of Employer Memorial Regional Hospital Receipt For: Primary General Other (specify)		Zip Code 33021-5421 n erating Officer and Chief Num e Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 1 1 2 0 1 1 Transaction ID: 19326559 Amount of Each Receipt this Period 500.00
SUI	BTOTAL of Receipts This Page (optional)		·····	1250.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 110 (check only one) X 11a
or fo	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>N</u>	ull Name (Last, First, Middle Initial) Is. Nicole Thomas lailing Address 9631 Ridgeside Court			Date of Receipt
	ity Davie	State FL	Zip Code 33328-6907	Transaction ID: 19326560 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
_	ame of Employer laptist Health leceipt For: Primary General Other (specify) ▼	Occupation Vice Pres		
3. <u>№</u>	ull Name (Last, First, Middle Initial) 1s. Tammy Tucker lailing Address 9631 Ridgeside Court			Date of Receipt 0 8 1 1 2 0 1 1
	ity	State	Zip Code	Transaction ID: 19326561
F	Davie EC ID number of contributing ederal political committee.	C	33328-6907	Amount of Each Receipt this Period 250.00
N N	ame of Employer lemorial Regional Hospital	Occupatio Associat	n e Administrator	7
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
. <u>N</u>	ull Name (Last, First, Middle Initial) ls. Felicia Turnley			Date of Receipt
N _	lailing Address 5212 NW 67th Avenue			08 / 11 / 2011
	ity auderhill	State FL	Zip Code 33319-7226	Transaction ID: 19326562 Amount of Each Receipt this Period
F	EC ID number of contributing deral political committee.	C	00010 7220	500.00
N	ame of Employer Iemorial Hospital West	Occupatio Administ	n rative Director, Cancer Servi	— ic
R	eceipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 500.00	
		<u> </u>		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 110 (check only one) X 11a
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Dr Miguel Venereo, MD			Date of Receipt
	Mailing Address 703 North Flamingo R	Road		08 11 7 2011
	City	State	Zip Code	Transaction ID: 19326563
	Pembroke Pines	<u>FL</u>	33028-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital West	Occupatio Director	n Medical Staff	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Ms Marsha White			Date of Receipt
	Mailing Address 3001 W. 10th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19326564
	Panama City	FL	32401-1487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Bay Medical Center	Occupatio Chief Nu	n rsing Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Mr. Mark Laney			Date of Receipt
	Mailing Address 4608 Woodfield Drive			08 16 2011
	City	State	Zip Code	Transaction ID: 19326672
	Saint Joseph	MO	64506-4011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Heartland Health	Occupatio Presiden	n t and CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
Г	SUBTOTAL of Receipts This Page (optional)	1		1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 110 (check only one) X 11a
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Hospital Association PAC	atements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
M. <u>M</u>	Ill Name (Last, First, Middle Initial) r Joseph Butz ailing Address 919 Graydon Ave	State Zip Code	Date of Receipt M M
<u>N</u> FE	orfolk EC ID number of contributing deral political committee.	VA 23507-1207	Amount of Each Receipt this Period 350.00
<u>H</u>	ame of Employer entara Norfolk General ospital eceipt For: Primary General Other (specify)	Occupation VP Cardiac/Transplant Ser Aggregate Year-to-Date 350.00	
B. <u>M</u>	ıll Name (Last, First, Middle Initial) r. James D Dahling ailing Address 601 Children's Lane		Date of Receipt 0 8 1 7 2 0 1 1
Ci <u>N</u>	ty orfolk	State Zip Code VA 23507-1910	Transaction ID: 19326680 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	350.00
<u>Ki</u>	ame of Employer hildren's Hospital of The ng's Daug eceipt For: Primary General Other (specify)	Occupation President and Chief Executive Of Aggregate Year-to-Date ▼ 350.00	
. <u>D</u> r	ull Name (Last, First, Middle Initial) : George Heuser, MD ailing Address 1744 Jack Frost Road		Date of Receipt
Ci		State Zip Code	0 8 1 7 2 0 1 1 Transaction ID: 19326682
FE	irginia Beach EC ID number of contributing deral political committee.	VA 23455-3221	Amount of Each Receipt this Period 350.00
Na Se	ame of Employer entara Healthcare	Occupation Vice President/ SR Medical Direc	tor
Re	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
CIID	TOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 110 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Matthew Keaths Mailing Address 3756 Little Neck Pt		Date of Receipt 0 8 1 7 2 0 1 1
City	State Zip Code	Transaction ID: 19326683
Virginia Beach FEC ID number of contributing federal political committee.	VA 23452-4710	Amount of Each Receipt this Period 350.00
Name of Employer Sentara Healthcare Receipt For: Primary General	Occupation Medical Director Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. Kenneth M. Krakaur Mailing Address 108 Burwell Court	350.00	Date of Receipt
City	State Zip Code	0 8 1 7 2 0 1 1 Transaction ID: 19326684
Williamsburg	VA 23185-6507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Sentara Healthcare	Occupation Sr. Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. James C. Lewis		Date of Receipt
Mailing Address 11 Steeplechase Ro	ad	08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19326688
Fredericksburg FEC ID number of contributing federal political committee.	VA 22405-3312	Amount of Each Receipt this Period 350.00
Name of Employer Medicorp Health System	Occupation Vice President of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 110 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Mark Runyon Mailing Address 43101 Finders Lane City South Riding FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General Other (specify)	State Zip Code VA 20152-3444 C Occupation Senior Vice President Finance Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19326689 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Ms. Patricia Schmehl Mailing Address 3221 Sargent Drive City Falls Church FEC ID number of contributing federal political committee. Name of Employer Inova Fairfax Hospital Receipt For: Primary General Other (specify)	State Zip Code VA 22044-1614 C Occupation Senior Director Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 7 2 0 1 1 Transaction ID: 19326690 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Dr. Thomas B Thames, MD Mailing Address 800 Independence Boundarian Beach FEC ID number of contributing federal political committee. Name of Employer Sentara Bayside Hospital Receipt For: Primary General Other (specify)	State Zip Code VA 23455-6005 C Occupation Vice President Medical Affairs Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19326691 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 110 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dan McKinney Mailing Address 1255 Lovers Lane			Date of Receipt
City Hermann FEC ID number of contributing	State MO	Zip Code 65041-4245	0 8 1 9 2 0 1 1 Transaction ID: 19326708 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) General General	Occupatio Administ Aggregate		230.00
Full Name (Last, First, Middle Initial) Ms. Marilyn Schock Mailing Address 1801 16th Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19330792
Greeley	CO	80631-5154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North Colorado Medical Ce- nter		ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Gary Campbell			Date of Receipt
Mailing Address 188 Inverness Drive	West #500		08 18 YYYY 2011
City	State	Zip Code	Transaction ID: 19330811
Englewood FEC ID number of contributing federal political committee.	C	80112-5204	Amount of Each Receipt this Period 500.00
Name of Employer Centura Health	Occupatio Chief Ex	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Pamela A. Nicholson Mailing Address 5570 DTC Parkway City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Greenwood Village FEC ID number of contributing federal political committee.	CO 80111-3043	Amount of Each Receipt this Period 250.00
Name of Employer Centura Health Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Ms. Cherie Gorby, R.N. MSN Mailing Address 5311 Cambria Drive	3	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19331008
Colorado Springs FEC ID number of contributing federal political committee.	CO 80918-2303	Amount of Each Receipt this Period 250.00
Name of Employer St. Mary's Hospital and Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Chief Operating Officer Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Gary L Brewer		Date of Receipt
Mailing Address 1906 Blake Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19331011
Glenwood Springs FEC ID number of contributing federal political committee.	CO 81601-4227	Amount of Each Receipt this Period 500.00
Name of Employer Valley View Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kenneth Harman Mailing Address 345 Cleveland Str City Meeker	eet State Zip Code CO 81641-3238	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Pioneers Medical Center Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Mr. James A Cruickshank Mailing Address 2260 Wrightsboro City Augusta FEC ID number of contributing federal political committee. Name of Employer Trinity Hospital of Augusta Receipt For: Primary General Other (specify)	Road State Zip Code GA 30904-4764 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19331211 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Robert P Granger Mailing Address P O Box 7000 City Columbus FEC ID number of contributing federal political committee. Name of Employer St. Francis Hospital Receipt For: Primary General Other (specify)	State Zip Code GA 31908-7000 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Cary Martin Mailing Address P O Box 2886 City Warner Robins FEC ID number of contributing federal political committee. Name of Employer Houston Medical Center Receipt For: Primary General Other (specify)	State Zip Code GA 31099-2886 C Occupation Chief Operating Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Kurt Stuenkel Mailing Address P O Box 233 City Rome FEC ID number of contributing federal political committee. Name of Employer Floyd Medical Center Receipt For: Primary General Other (specify)	State Zip Code GA 30162-0233 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Charles W. Adams, Jr. Mailing Address 5117 Boone Links Lat City Columbus FEC ID number of contributing federal political committee. Name of Employer Ty Cobb Healthcare System, Inc. Receipt For: Primary General Other (specify)	State Zip Code GA 31909-8045 C Occupation President & Chief Executive Officer Aggregate Year-to-Date 205.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19331279 Amount of Each Receipt this Period 175.00
SUBTOTAL of Receipts This Page (optional) .	•	925.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 110 (check only one) X			
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Mr. Tom Clark Mailing Address 806 N Foster		Date of Receipt			
City	State Zip Code	08 19 2011			
City Mitchell	SD 57301-2107	Transaction ID: 19332518 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Avera Queen of Peace Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date ▼ 250.00	er			
Full Name (Last, First, Middle Initial) Ms. Becky Nelson Mailing Address P O Box 5039		Date of Receipt 0 8 1 9 2 0 1 1			
	1305 West 18th Street				
City Sioux Falls	State Zip Code SD 57117-5039	Transaction ID: 19332868			
FEC ID number of contributing federal political committee.	SD 57117-5039	Amount of Each Receipt this Period 250.00			
Name of Employer Sanford University of Sou- th Dakota Med Receipt For:	Occupation President Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial)	- 1	B (B			
Mr. Robert A Dockter Mailing Address P O Box 517		Date of Receipt 0 8 1 9 2 0 1 1			
City	State Zip Code	Transaction ID: 19332880			
<u>Eureka</u>	SD 57437-0517	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Eureka Community Health Services/Avera	Occupation Administrator				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)	750.00			

TOTAL This Period (last page this line number only)

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James R Pancoast Mailing Address 40 West Fourth Stree City Dayton FEC ID number of contributing federal political committee.	State Zip Code OH 45402-1840	Date of Receipt M M J D D J 2011 Transaction ID: 19335090 Amount of Each Receipt this Period 1250.00
Name of Employer Premier Health Partners Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President and Chief Operating Office Aggregate Year-to-Date 1250.00	r]
Full Name (Last, First, Middle Initial) Ms. Bobbie Gerhart Mailing Address One Wyoming Street		Date of Receipt M
City	State Zip Code	Transaction ID: 19335101
<u>Dayton</u>	OH 45409-2722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Miami Valley Hospital	Occupation Executive Vice President and Chief C)pe
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Jim Gebhart		Date of Receipt
Mailing Address 4300 West Memorial	Road	08 31 2011
City	State Zip Code	Transaction ID: 19339188
Oklahoma City FEC ID number of contributing federal political committee.	OK 73120-8304	Amount of Each Receipt this Period 500.00
Name of Employer Mercy Health Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 110 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Craig W Jones Mailing Address 4000 Lincoln Bouleva City Oklahoma City	rd State Zip Code OK 73105-5207	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Oklahoma Hospital Associa-	Occupation	900.00
Receipt For: Primary Other (specify)	President Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Mr. Robert Crosby Mailing Address 242 Green Street		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19339217
Gardner FEC ID number of contributing federal political committee.	MA 01440-1336	Amount of Each Receipt this Period 262.50
Name of Employer Heywood Hospital	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen	1	Date of Receipt
Mailing Address 125 Airport Road		0 8 2 5 2 0 1 1
City	State Zip Code	Transaction ID: 19339221
Concord FEC ID number of contributing federal political committee.	NH 03301-7300	Amount of Each Receipt this Period 41.64
Name of Employer New Hampshire Hospital Association Receipt For: Primary Other (specify)	Occupation President and CEO Aggregate Year-to-Date 750.16	
SUBTOTAL of Receipts This Page (optional) .		1204.14

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ 4 .	Full Name (Last, First, Middle Initial) Ms. Paula Minnehan		Date of Receipt
	Mailing Address 283 Gallopiny Hill Roa		08 / 25 / Y Y Y Y Y Y
	City Hopkinton	State Zip Code NH 03229-3402	Transaction ID: 19339222
	FEC ID number of contributing federal political committee.	C 03223-3402	Amount of Each Receipt this Period 14.50
	Name of Employer New Hampshire Hospital As- sociation	Occupation V.P., Finance and Rural Hospitals	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 263.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Mark H Shuter		Date of Receipt
	Mailing Address 272 Hospital Road		08 19 YYYY 2011
	City	State Zip Code	Transaction ID: 19339225
	Chillicothe FEC ID number of contributing federal political committee.	OH 45601-9031	Amount of Each Receipt this Period 250.00
	Name of Employer Adena Health System	Occupation President and Chief Executive Office	cer
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
 ;.	Full Name (Last, First, Middle Initial) Ms. Heather Adkins		Date of Receipt
	Mailing Address 2139 Auburn Avenue		0 8 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 19339260
	Cincinnati FEC ID number of contributing federal political committee.	OH 45219-2906	Amount of Each Receipt this Period 250.00
	Name of Employer Christ Hospital	Occupation Chief Strategy Officer & Mission Officer	ffic
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		514.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 110 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	he name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Yousuf Ahmad Mailing Address 2446 Kipling Avenue City	State	Zip Code	Date of Receipt M M
Cincinnati FEC ID number of contributing federal political committee.	OH C	45239-6650	Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hospital Mount Airy Receipt For: Primary General Other (specify) ▼		n al Senior Vice President and e Year-to-Date ▼ 250.00	P
Full Name (Last, First, Middle Initial) Ms. Claire Combs Mailing Address 3000 Hospital Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati FEC ID number of contributing federal political committee.	State OH	Zip Code 45103-1921	Transaction ID: 19339262 Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hospital Clermont Receipt For: Primary General Other (specify) ▼	- , '	sident and General Counsel e Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Louis J Woolf Mailing Address 1200 Centre Street			Date of Receipt
City Boston FEC ID number of contributing federal political committee.	State MA	Zip Code 02131-1011	0 8 2 9 2 0 1 1 Transaction ID: 19339319 Amount of Each Receipt this Period 250.00
Name of Employer Hebrew Rehabilitation Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Presiden Aggregate		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	·····	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 110 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any person the name and address of any political committee to s	tor the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James I Miller		Date of Receipt
Mailing Address 1155 Mill Street, Z-	7	08 26 2011
City	State Zip Code	Transaction ID: 19339320
Reno	NV 89502-1576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Renown Health	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Ms. Maggie A. Lund Mailing Address 500 Hickory Street		M M / D D / Y Y Y Y Y Y O 8 1 9 2 0 1 1
City	State Zip Code	Transaction ID: 19339321
Peckville	PA 18452-2216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Health Partners	Occupation DV VP, Human Resources	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Leonard Randolph	I	Date of Receipt
Mailing Address 4832 Maxwell Dr		08 19 2011
City	State Zip Code	Transaction ID: 19339322
Mason	OH 45040-4619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Hospital Anderson	Occupation SVP & Chief Medical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option)		1000.00

TOTAL This Period (last page this line number only)

Mailing Address 323 Pebble Creek Drive City		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Mr. Donald Rohling Mailing Address 1533 Oak Knoll Drive City Columbus City City	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Receipt For:	A.	Mr. Donald Rohling Mailing Address 1533 Oak Knoll Drive City Cincinnati FEC ID number of contributing	ОН	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. Dr. David Engler, PhD Mailing Address 323 Pebble Creek Drive City State Zip Code Dublin OH 43017-1370 FEC ID number of contributing federal political committee. Name of Employer OH (specify) ▼ City State Zip Code OH 43017-1370 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ City State Zip Code OH 43235-2503 Full Name (Last, First, Middle Initial) City State Zip Code Columbus OH 43235-2503 FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Cocupation OH 43235-2503 FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Staff Legal Counsel		Mercy Hospital Anderson Receipt For: Primary General	Senior V	/ice President Mission Intergree Year-to-Date ▼ 250.00	ra
Dublin OH 43017-1370 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ CIty State Zip Code OH 43235-2503 FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association CIty State Zip Code OH 43235-2503 FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cocupation Staff Legal Counsel Aggregate Year-to-Date ▼	В.	Dr. David Engler, PhD)		M M / D D / Y Y Y Y
Receipt For: Primary General Other (specify) ▼		Dublin FEC ID number of contributing	OH	•	Amount of Each Receipt this Period
Mailing Address 1312 Smalwood Drive City Columbus FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 8 / 19 0 / 2 0 1 1 Transaction ID: 19339515 Amount of Each Receipt this Period 500.00		Receipt For: Primary General	Vice Pre	sident, Quality Institute e Year-to-Date	
City Columbus OH 43235-2503 FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary Other (specify) ▼ State Zip Code OH 43235-2503 Amount of Each Receipt this Period C Staff Legal Counsel Aggregate Year-to-Date ▼ 500.00	- C.	Mr. Rick Sites			M M / D D / Y Y Y Y
Name of Employer Ohio Hospital Association Receipt For: Primary Other (specify) ▼ Occupation Staff Legal Counsel Aggregate Year-to-Date 500.00		Columbus FEC ID number of contributing	ОН	·	Transaction ID: 19339515 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00					
		Primary General		e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional))	1500.00

Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of selecting contributions from such committee. Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of selecting contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Maling Address One Wyoming Street City Dayton FEC ID number of contributing federal political committee. Name of Employee City State Zip Code Oth 45409-2722 FEC ID number of contributing federal political committee. Name (Last, First, Middle Initial) Mr. Thorase Dursan Maling Address 2222 Philadelphia Drive City Dayton City State Zip Code Oth 45409-1813 FEC ID number of contributing federal political committee. Name of Employee Good Samaritan Hospital City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Dayton Other (specify) ▼ State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 423 Glendora Avenue City State Zip Code Maling Address 425 Glendora Avenue City State Zip Code Maling Address 425 Glendora Avenue Date of Receipt Transaction ID: 193393520 Amount of Each Receipt this Period Apgregate Year-to-Date ▼ Date of Receipt Transaction ID: 193393620 Amount of Each Receipt this Period Apgregate Year-to-Date ▼ Date of Receipt Transaction ID: 19339520 Amount of Each Receipt this Period Apgregate Year-to-Date ▼ Date of Receipt Transaction ID: 1933952		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 57 / 110 (check only one) X 11a 11b 11c 12
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Mary H Bossalis Malling Address One Wyoming Street City Dayton OH 45409-2722 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Full Name (Last, First, Middle Initial) Mr. Insmas Dunean Malling Address 2222 Philadelphia Drive City Dayton OH 45409-1813 Full Name (Last, First, Middle Initial) Mr. Thomas Dunean Malling Address 2222 Philadelphia Drive City Dayton OH 45409-1813 FEC ID number of contributing federal political committee. C State Zip Code Dayton OH 45409-1813 FEC ID number of contributing federal political committee. C State Zip Code Dayton OH 45409-1813 FEC ID number of contributing federal political committee. C State Zip Code Dayton OH 45409-1813 FEC ID number of contributing federal political committee. C State Zip Code Dayton OH 45409-204 FEC ID number of contributing federal political committee. C State Zip Code Dayton OH 45409-204 FEC ID number of contributing federal political committee. C State Zip Code Dayton OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal political committee. C Cocupation OH 45409-204 FEC ID number of contributing federal politi				Detailed Summary Page	13 14 15 16 1
American Hospital Association PAC Full Name (Last, First, Middle Initial) Misking Address One Wyoming Street City Dayton FEC ID number of contributing federal political committee. Name of Employer Malling Address 2222 Philadelphia Drive City City State Zip Code Description Occupation President and Chief Executive Officer Receipt For: Political committee City State Zip Code Other (specify) ▼ State Zip Code Other (specify) ▼ Dayton Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19339516 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. City State Zip Code Dayton Date of Receipt Transaction ID: 19339517 Amount of Each Receipt his Period Ecoupation Vice President and Chief Financial Off Receipt For: Primary General Other (specify) ▼ State Zip Code Dayton Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19339517 Amount of Each Receipt his Period Ecoupation City State Zip Code Dayton Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19339517 Amount of Each Receipt his Period Ecoupation City State Zip Code Dayton Other (specify) ▼ State Zip Code Dayton Other (specify) ▼ Date of Receipt Transaction ID: 19339517 Amount of Each Receipt his Period Ecoupation President & CEO Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	,	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Mailing Address One Wyoming Street City State Zip Code Dayton OH 45409-2722 FEC ID number of contributing federal political committee. C C		` '			
City State Zip Code Dayton OH 45409-2722 FEC ID number of contributing federal political committee. Name of Employer Maining Address 2222 Philadelphia Drive City State Zip Code OH 45409-2722 Transaction ID: 19339516 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Mr. Thomas Duncan Mailing Address 2222 Philadelphia Drive City State Zip Code OH 45406-1813 FEC ID number of contributing federal political committee. Name of Employer Good Samaritah Hospital Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Good Samaritah Hospital Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initia	۷.				Date of Receipt
Dayton OH 45409-2722 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Milarmi Valley Hospital Full Name (Last, First, Middle Initial) Mr. Thomas Duncan Mailing Address 2222 Philadelphia Drive City State Zip Code Dayton OH 45406-1813 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Differ (specify) ▼ State Zip Code Differ (Specify) ▼ Date of Receipt Transaction ID: 19339517 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19339517 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19339520 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 19339520 Amount of Each Receipt this Period Date of Receipt Date		Mailing Address One Wyoming Street			
FEC ID number of contributing tederal political committee. Name of Employer General Other (specify) ▼		-		Zip Code	Transaction ID: 19339516
Name of Employer Name of Em		Dayton	OH	45409-2722	Amount of Each Receipt this Period
Receipt For:			C		500.00
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) M. Thomas Duncan Mailing Address 2222 Philadelphia Drive City State Zip Code Dayton OH 45408-1813 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Vice President and Chief Financial Off Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) M. Mark Shaker Mailing Address 423 Glendora Avenue City State Zip Code Dayton OH 45409-2204 FEC ID number of contributing federal political committee. C Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 19339517 Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt Transaction ID: 19339520 Amount of Each Receipt this Period President & CEO Receipt For: Primary General Other (specify) ▼ 250.00		Name of Employer Miami Valley Hospital			r
Mailing Address 2222 Philadelphia Drive City State Zip Code OH 45406-1813 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital City State Zip Code OH 45406-1813 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital City State Zip Code OH 45409-2204 FUIl Name (Last, First, Middle Initial) City State Zip Code OH 45409-2204 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital City State Zip Code OH 45409-2204 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 19339520 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 19339520 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 250.00		Primary General	Aggregate	500.00	
City Dayton OH 45406-1813 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Other (specify) ▼ City Dayton OH 45406-1813 City Dayton OCcupation Vice President and Chief Financial Off Receipt For: Primary General Other (specify) ▼ City Dayton OH 45409-2204 Receipt For: OCcupation Vice President and Chief Financial Off Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19339517 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19339520 Date of Receipt Transaction ID: 1939520 Date of Receipt Transaction ID: 1939520 Amount of Each Recei	_ 3.				Date of Receipt
Dayton OH 45406-1813 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ Pagregate Year-to-Date ▼ City State Zip Code Dayton FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital City State Zip Code Dayton FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Date of Receipt Transaction ID: 19339520 Amount of Each Receipt this Period Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00	-		M M / D D / Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ City State Zip Code Dayton FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital City State Zip Code OH 45409-2204 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital City State Zip Code OH 45409-2204 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ 250.00		•		'	
Name of Employer Good Samaritan Hospital Name of Employer Good Samaritan Hospital Name of Employer Good Samaritan Hospital Primary		•	OH	45406-1813	Amount of Each Receipt this Period
Vice President and Chief Financial Off Receipt For:			C		250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Mark Shaker Mailing Address 423 Glendora Avenue City Dayton FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000 00		Good Samaritan Hospital			off
Mr. Mark Shaker Mailing Address 423 Glendora Avenue City State Zip Code Dayton OH 45409-2204 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Primary General	Aggregate		
City Dayton OH 45409-2204 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital Receipt For: Primary Other (specify) ▼ Primary Occupation President & CEO Aggregate Year-to-Date 0 8 1 9 2 0 1 1 Transaction ID: 19339520 Amount of Each Receipt this Period 250.00		· · · · · · · · · · · · · · · · · · ·			Date of Receipt
Dayton OH 45409-2204 Amount of Each Receipt this Period EC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital President & CEO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Mailing Address 423 Glendora Avenue			
FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Hospital President & CEO Receipt For: Primary General Other (specify) Occupation President & CEO Aggregate Year-to-Date 250.00		•		•	
Receipt For: Primary Other (specify) ▼ Occupation President & CEO Aggregate Year-to-Date ▼ 250.00		•	OH	45409-2204	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			C		250.00
Primary General Other (specify) 250.00					
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)

Any		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
or f	y information copied from such Reports and S or commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Darby Dennis		Date of Receipt
	Mailing Address 17890 Sterling Glen Lr		08 19 2011
	City Chagrin Falls	State Zip Code OH 44023-2463	Transaction ID: 19339525 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 44025-2405	250.00
	Name of Employer University Hospitals	Occupation Director Clinical Information	-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
•	Full Name (Last, First, Middle Initial) Ms. Lori Lozier		Date of Receipt
	Mailing Address 11100 Euclid Avenue		08 19 2011
	City	State Zip Code	Transaction ID: 19339527
	Cleveland	OH 44106-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer University Hospitals Case Medical Cent	Occupation Vice President Post Acute Service Line	9
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Keith E. Maitland		Date of Receipt
	Mailing Address 31415 Tuttle Drive		08 19 2011
	City	State Zip Code	Transaction ID: 19339535
	Bay Village	OH 44140-1515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer University Hospital	Occupation President, UH Home Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)		1000.00

	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Elizabeth Demarco Novak Mailing Address 3531 Thornapple Lar City Pepper Pike FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For:	State Zip Code OH 44124-5539 C Occupation Vice President and Chief Financial Of Aggregate Year-to-Date	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Sonia Salvino	250.00	Date of Receipt
Mailing Address 11100 Euclid Avenue City Cleveland	State Zip Code OH 44106-1716	Transaction ID: 19339537 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General	Occupation Vice President Finance Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Mr. Steven Standley Mailing Address 3605 Warrensville C		Date of Receipt
City	State Zip Code	08 19 2011
Beachwood	OH 44122-5203	Transaction ID: 19339538 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Vincent Charity Medic- al Center Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 60 / 110 (check only one) X 11a 11b 11c 12
_		Detailed Summary Page	13 14 15 16 17
A O	ny information copied from such Reports and St r for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ 4 .	Full Name (Last, First, Middle Initial) Mr. Michael Szubski		Date of Receipt
	Mailing Address 11100 Euclid Avenue		08 19 2011
	City	State Zip Code	Transaction ID: 19339539
	Cleveland	OH 44106-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer University Hospitals	Occupation Chief Financial Officer	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
— 3.	Full Name (Last, First, Middle Initial) Ms. Nancy Tinsley		Date of Receipt
	Mailing Address 20348 Kylemore Dr	08 19 2011	
	City	State Zip Code	Transaction ID: 19339558
	Strongsville	OH 44149-0939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer University Hospital	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 >.	Full Name (Last, First, Middle Initial) Mr. Michael Vehovec		Date of Receipt
	Mailing Address 11100 Euclid Avenue		08 19 2011
	City	State Zip Code	Transaction ID: 19339559
	Cleveland	OH 44106-2602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer University Hospitals Case Medical Cent	Occupation Vice President and Corporate Controlle	9
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	>	1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 110 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Jane Dus		Date of Receipt
Mailing Address 21872 Eaton Rd		08 19 2011
City	State Zip Code	Transaction ID: 19339561
Fairview Park	OH 44126-2312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University Hospitals Case Medical Cent	Occupation Vice President, Nursing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Ron Dziedzicki		Date of Receipt
Mailing Address 11100 Euclid Avenue		M M / D D / Y Y Y Y Y Y Y 1 1 9 1 9 1 1 9 1 1 1 1 1
City	State Zip Code	Transaction ID: 19339566
Cleveland	OH 44106-1716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University Hospitals Case Medical Cent	Occupation Chief Support Services Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Robin Rowell	<u> </u>	Date of Receipt
Mailing Address 2418 Pine Valley Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19339568
Willoughby Hills	OH 44094-6984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University Hospitals Case Medical Cent	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUPTOTAL of Possists This Page (antique)		1000.00
SUBTOTAL of Receipts This Page (optional)		

Name of Employer University Hospitals Conneaut Medical Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. M Steven Jones Mailing Address 13207 Ravenna Road City Chardon FEC ID number of contributing federal political committee. Name of Employer Lipitorsity Hospitals Geau.	nents may not be sold or used by any person e and address of any political committee to sold and address of any political committee to sold and address of any political committee to sold and address of any political committee to sold any person e and address of any political committee to sold any person e and address of any political committee to sold any person e and address of any political committee to sold any person e and address of any political committee to sold any person e and address of any political committee to sold any pol	Date of Receipt Date of Receipt Transaction ID: 19339569
Full Name (Last, First, Middle Initial) Mr. Robert David Mailing Address 158 West Main Road City Conneaut FEC ID number of contributing federal political committee. Name of Employer University Hospitals Conneaut Medical Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. M Steven Jones Mailing Address 13207 Ravenna Road City Chardon FEC ID number of contributing federal political committee.	OH 44030-2039	0 8 1 9 2 0 1 1
Conneaut FEC ID number of contributing federal political committee. Name of Employer University Hospitals Conneaut Medical Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. M Steven Jones Mailing Address 13207 Ravenna Road City Chardon FEC ID number of contributing federal political committee. Name of Employer University Hospitals Geau-	OH 44030-2039	
Full Name (Last, First, Middle Initial) Mailing Address City Chardon FEC ID number of contributing federal political committee. Name of Employer Contributing federal political committee.	C	Amount of Each Receipt this Period
eaut Medical Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. M Steven Jones Mailing Address 13207 Ravenna Road City Chardon FEC ID number of contributing federal political committee. Name of Employer University Hospitals Geau-		500.00
Mr. M Steven Jones Mailing Address 13207 Ravenna Road City Chardon FEC ID number of contributing federal political committee. Name of Employer University Hospitals Geau-	Director Finance Services Aggregate Year-to-Date 500.00	-
Chardon FEC ID number of contributing federal political committee. Name of Employer University Hospitals Geau-		Date of Receipt 0 8 1 9 2 0 1 1
FEC ID number of contributing federal political committee. Name of Employer University Hospitals Geau-	State Zip Code	Transaction ID: 19339570
federal political committee. Name of Employer University Hospitals Geau-	OH 44024-7032	Amount of Each Receipt this Period
Name of Employer University Hospitals Geau-	С	250.00
Receipt For:	occupation President Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. James R Castle		Date of Receipt
Mailing Address 155 East Broad Street		08 19 2011
City	State Zip Code	Transaction ID: 19342139
Columbus FEC ID number of contributing federal political committee.	OH 43215-3609 C	Amount of Each Receipt this Period 1500.00
Obio Hoopital Magaziation	Occupation President & Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)		2250.00

Any information copied from such Reports and Star for commercial purposes, other than using the research of the commercial purposes, other than using the research of contributing federal political committee. A. Full Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) Televeland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) Televeland Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte FEC ID number of contributing	State Zip Code OH 43023-1428 C Occupation Senior Vice President Aggregate Year-to-Date 2000.00 State Zip Code OH 44106-1716 C Occupation Vice President	Date of Receipt Date of Receipt
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley Mailing Address 257 Clouse Lane City Granville FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) Other (specify) Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Other (specify) Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	OH 43023-1428 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 2000.00 State Zip Code OH 44106-1716 C Occupation	Transaction ID: 19342140 Amount of Each Receipt this Period Date of Receipt M M M / D D / Y Y Y Y Y 0 8 1 9 2 0 1 1 Transaction ID: 19342143 Amount of Each Receipt this Period 500.00
Mr. R. Reed Fraley Mailing Address 257 Clouse Lane City Granville FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric Bieber, MD Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	OH 43023-1428 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 2000.00 State Zip Code OH 44106-1716 C Occupation	Transaction ID: 19342140 Amount of Each Receipt this Period Date of Receipt M M M / D D / Y Y Y Y Y 500.00 Date of Receipt M M M / D D / Y Y Y Y Y 0 8 1 9 2 0 1 1 Transaction ID: 19342143 Amount of Each Receipt this Period 500.00
City Granville FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric Bieber, MD Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	OH 43023-1428 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 2000.00 State Zip Code OH 44106-1716 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Granville FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric Bieber, MD Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	OH 43023-1428 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 2000.00 State Zip Code OH 44106-1716 C Occupation	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Eric Bieber, MD Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	Occupation Senior Vice President Aggregate Year-to-Date 2000.00 State Zip Code OH 44106-1716 C	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric Bieber, MD Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	Senior Vice President Aggregate Year-to-Date ▼ 2000.00 State Zip Code OH 44106-1716 C Occupation	Transaction ID: 19342143 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric Bieber, MD Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	2000.00 State Zip Code OH 44106-1716 C	Transaction ID: 19342143 Amount of Each Receipt this Period 500.00
Dr. Eric Bieber, MD Mailing Address 11100 Euclid Avenue City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	OH 44106-1716 C Occupation	Transaction ID: 19342143 Amount of Each Receipt this Period 500.00
City Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	OH 44106-1716 C Occupation	Transaction ID: 19342143 Amount of Each Receipt this Period 500.00
Cleveland FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	OH 44106-1716 C Occupation	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	Occupation	500.00
Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	•	
Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	vice rresident and Chief information	<u> </u>
Ms. Arlene Harms Mailing Address 310 County Road 14 City Del Norte	Aggregate Year-to-Date ▼ 500.00]
City Del Norte		Date of Receipt
Del Norte		0 8 2 5 2 0 1 1
	State Zip Code	Transaction ID: 19342154
federal political committee.	CO 81132-8719	Amount of Each Receipt this Period 250.00
Name of Employer Rio Grande Hospital	Occupation Chief Executive Officer	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 110 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Patricia Oakes Mailing Address 2315 East Harmon	y Road, Suite 200	Date of Receipt 0 8 2 5 2 0 1 1
City	State Zip Code	Transaction ID: 19342164
Fort Collins FEC ID number of contributing federal political committee.	CO 80528-8620	Amount of Each Receipt this Period 250.00
Name of Employer Poudre Valley Health System Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Chief Human Resource Aggregate Year-to-Date 250.00	ces
Full Name (Last, First, Middle Initial) Mr. Rulon F Stacey Mailing Address 2315 East Harmon	y Road, Suite 200	Date of Receipt 0 8 2 5 2 0 1 1
City	State Zip Code	Transaction ID: 19342165
Fort Collins FEC ID number of contributing federal political committee.	CO 80528-8620	Amount of Each Receipt this Period 250.00
Name of Employer Poudre Valley Health Syst- em	Occupation President and Chief Executive Officer	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James E Shmerling	I	Date of Receipt
Mailing Address 13123 East 16th A	venue	08 25 Y Y Y Y Y Y
City Aurora	State Zip Code CO 80045-7106	Transaction ID: 19342175
FEC ID number of contributing federal political committee.	C 80043-7100	Amount of Each Receipt this Period 500.00
Name of Employer Children's Hospital Color- ado	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 110 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr. Robert D Whitler Mailing Address 5 Evergreen Drive		Date of Receipt
			08 29 2011
	City Elkview	State Zip Code WV 25071-9314	Transaction ID: 19342191 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Charleston Area Medical Center Health	Occupation Vice President Government and Com	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Glenn Crotty, Jr		Date of Receipt
	Mailing Address 36 E. Coventry Road		08 29 Y Y Y Y Y
	City	State Zip Code	Transaction ID: 19342193
	Charleston	WV 25309-9528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Charleston Area Medical Center Health	Occupation Executive Vice President & Chief Open	era.
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Mr. Michael A King		Date of Receipt
	Mailing Address 1503 Greenmont Hills	Drive	08 29 2011
	City	State Zip Code	Transaction ID: 19342196
	Vienna FEC ID number of contributing federal political committee.	WV 26105-3282	Amount of Each Receipt this Period 500.00
	Name of Employer Camden-Clark Memorial Hos-	Occupation President and Chief Executive Officer	r
	pital Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
			1500.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Larry C Hudson		Date of Receipt
Mailing Address 5035 Bennington Driv		08 29 2011
City Cross Lanes	State Zip Code WV 25313-2055	Transaction ID: 19342197 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Charleston Area Medical Center Health	Occupation EVP and CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. J. Thomas Jones	0.11.0000	Date of Receipt
Mailing Address 1000 Technology Dri	ve, Suite 2320	08 29 2011
City	State Zip Code	Transaction ID: 19342198
Fairmont FEC ID number of contributing federal political committee.	WV 26554-8834	Amount of Each Receipt this Period 500.00
Name of Employer West Virginia United Heal- th System	Occupation President and Chief Executive Office	er
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James C Cannon		Date of Receipt
Mailing Address 300 Elliott Avenue W	est	08 29 2011
City	State Zip Code	Transaction ID: 19342203
Seattle FEC ID number of contributing federal political committee.	WA 98119-4198	Amount of Each Receipt this Period 250.00
Name of Employer Washington State Hospital Association	Occupation Executive Director, HIP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Possints This Page (antional)		1250.00

nmercial purposes, other than using the GOF COMMITTEE (In Full) rican Hospital Association PAC lame (Last, First, Middle Initial) om Jensen g Address 915 Anderson Drive deen D number of contributing al political committee. of Employer and Harbor Community Hoppital Primary other (specify) ame (Last, First, Middle Initial)	Statements may not be sold or used by any person and address of any political committee to a state. Zip Code. WA 98520-1006 C Occupation Chief Executive Officer Aggregate Year-to-Date. 375.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rican Hospital Association PAC lame (Last, First, Middle Initial) om Jensen g Address 915 Anderson Drive deen D number of contributing al political committee. of Employer and Harbor Community Hoppital For: Primary General Other (specify) ame (Last, First, Middle Initial)	WA 98520-1006 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 375.00	Transaction ID: 19342204 Amount of Each Receipt this Period 375.00
om Jensen g Address 915 Anderson Drive deen D number of contributing al political committee. of Employer a Harbor Community Hopt For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial)	WA 98520-1006 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 375.00	Transaction ID: 19342204 Amount of Each Receipt this Period 375.00
deen D number of contributing al political committee. of Employer B Harbor Community Hopt For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial)	WA 98520-1006 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 375.00	Transaction ID: 19342204 Amount of Each Receipt this Period 375.00
D number of contributing al political committee. of Employer is Harbor Community Hopt For: Primary General Other (specify)	WA 98520-1006 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 375.00	Amount of Each Receipt this Period 375.00
D number of contributing al political committee. of Employer is Harbor Community Hopt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date 375.00	375.00
pt For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial)	Chief Executive Officer Aggregate Year-to-Date ▼ 375.00	
Primary General Other (specify) ▼ ame (Last, First, Middle Initial)	375.00	
	<u> </u>	+
		Date of Receipt
g Address 14432 SE Eastgate W	ay	08 29 2011
	State Zip Code	Transaction ID: 19342205
evue	WA 98007-6493	Amount of Each Receipt this Period
	C	250.00
of Employer eHealth	Occupation Chair, Governing Board	
pt For: Primary ☐ General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
,		Date of Receipt
g Address 300 Elliott Avenue We Suite 300		08 / 29 / Y Y Y Y Y
Ho.	·	Transaction ID: 19342206
D number of contributing	C 98119-4198	Amount of Each Receipt this Period 250.00
ciation	Occupation Director, Rural & Public Health Policy	
	Aggregate Year-to-Date ▼	
-	250.00	
TAL of Receipts This Page (optional)		875.00
	ID number of contributing al political committee. e of Employer eHealth ipt For: Primary General Other (specify) ▼ Ilame (Last, First, Middle Initial) irenda Suiter ing Address 300 Elliott Avenue Wessuite 300 ittle ID number of contributing al political committee. e of Employer enington State Hospital ciation ipt For: Primary General Other (specify) ▼ ITAL of Receipts This Page (optional)	State Zip Code WA 98007-6493 ID number of contributing all political committee. Per eHealth General Other (specify) ▼ C C C C C C C C C C C C C

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 110 (check only one) X 11a
0	Any information copied from such Reports and Stor for commercial purposes, other than using the	ratements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Ron Wallin Mailing Address 955 SW Fairhaven Driv		Date of Receipt
			08 29 2011
	City Oak Harbor	State Zip Code WA 98277-4536	Transaction ID: 19342207 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Whidbey General Hospital	Occupation Comminssioner	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. John Fletcher		Date of Receipt
	Mailing Address 506 Second Avenue Suite 1200		08 29 2011
	City Seattle	State Zip Code WA 98104-2343	Transaction ID: 19342208 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Providence Health & Servi- ces	Occupation SVP, Chief Operations Integration O	ffi
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Rodney F Hochman		Date of Receipt
	Mailing Address 747 Broadway		08 29 YYYY 2011
	City	State Zip Code	Transaction ID: 19342209
	Seattle FEC ID number of contributing federal political committee.	WA 98122-4379	Amount of Each Receipt this Period 500.00
	Name of Employer Swedish Health Services	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		1750.00
F	TOTAL This Period (last page this line number of	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 110 (check only one) X 11a
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may r name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Joseph M Kortum Mailing Address 400 NE Mother Joseph	Place		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Vancouver	State WA	Zip Code 98664-3200	Transaction ID: 19342210 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PeaceHealth Southwest Medical Center Receipt For: Primary General Other (specify) ▼		and Chief Executive Office ✓ ear-to-Date ▼ 500.00]
3.	Full Name (Last, First, Middle Initial) Mr. Randy Revelle Mailing Address 2809 39th Avenue Wes	st		Date of Receipt 0 8 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: 19342211
	Seattle FEC ID number of contributing federal political committee.	C	98119-4198	Amount of Each Receipt this Period 500.00
	Name of Employer Washington State Hospital Association Receipt For: Primary General Other (specify)	_	e President, Policy & Advo ⁄ear-to-Date ▼ 500.00	ca
	Full Name (Last, First, Middle Initial) Mr. Cliff Robertson			Date of Receipt
	Mailing Address 1145 Broadway Place Suite 1200			08 29 7 2011
	City _Tacoma	State WA	Zip Code 98402-3524	Transaction ID: 19342212 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Francis Hospital	Occupation Chief Ope	rating Officer	
	Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 110 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Tommy H Mullins		Date of Receipt
Mailing Address 1521 Spars Creek Ro		08 26 2011
City	State Zip Code	Transaction ID: 19342215
Danville	WV 25053-8020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Boone Memorial Hospital	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Daniel J. Lauffer, FACHE		Date of Receipt
Mailing Address 1039 Pendleton Plac	е	08 26 2011
City	State Zip Code	Transaction ID: 19342218
<u>Hurricane</u>	WV 25526-9484	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Saint Francis Hospital	Occupation EVP & COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Ben Vincent		Date of Receipt
Mailing Address 149 Marple Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19342226
<u>Heaters</u>	WV 26627-8201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Braxton County Memorial Hospital	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		875.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, c	or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Stephanie McCoy		Date of Receipt
	Mailing Address 334 King Drive		08 26 2011
	City Evans	State Zip Code WV 25241-8067	Transaction ID: 19342230 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 252+1 6667	250.00
	Name of Employer Jackson General Hospital	Occupation President & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Glen A. Washington		Date of Receipt
	Mailing Address 14267 St. Rt. 243		08 26 2011
	City	State Zip Code	Transaction ID: 19342234
	Chesapeake FEC ID number of contributing federal political committee.	OH 45619	Amount of Each Receipt this Period 250.00
	Name of Employer Cabell Huntington Hospital	Occupation Senior VP & COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Brent A Marsteller		Date of Receipt
	Mailing Address 2010 Military Road		08 26 YYYYY 2011
	City	State Zip Code WV 25701-3800	Transaction ID: 19342235
	Huntington FEC ID number of contributing federal political committee.	WV 25701-3800	Amount of Each Receipt this Period 500.00
	Name of Employer Cabell Huntington Hospital	Occupation President and Chief Executive Officer	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .		1000.00
	TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 110 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Darryl L. Duncan Mailing Address 2014 Ices Ferry D		Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Morgantown	State Zip Code WV 26508-8059	Transaction ID: 19342238
FEC ID number of contributing federal political committee.	C 25506-8059	Amount of Each Receipt this Period 250.00
Name of Employer Monongalia General Hospit- al Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. John Doherty Mailing Address 2450 Riverside Av	enue	Date of Receipt 0 8 2 9 2 0 1 1
City	State Zip Code	Transaction ID: 19342245
Minneapolis	MN 55454-1450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Fairview Health Services	Occupation Regional President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Perry Hanson		Date of Receipt
Mailing Address 1660 S. Highway		08 29 2011
City	State Zip Code	Transaction ID: 19342253
Minneapolis FEC ID number of contributing federal political committee.	MN 55416	Amount of Each Receipt this Period 500.00
Name of Employer Partners Healthcare Consu- lting, Inc.	Occupation Principal and Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (option	nal)	1025.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any per- the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Kathy Johnson Mailing Address 1282 Walnut Street City		Date of Receipt 0 8 2 9 2 0 1 1
Dawson FEC ID number of contributing federal political committee.	State Zip Code MN 56232-2333	Amount of Each Receipt this Period 425.00
Name of Employer Johnson Memorial Health Services Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard Mailing Address 1025 Connecticut A	venue, NW	Date of Receipt 0 8 2 9 2 0 1 1
Suite 1000 City	Transaction ID: 19342264	
Washington	DC 20036-5417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mayo Clinic	Occupation Director Federal Relations	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa	1	Date of Receipt
Mailing Address 2550 University Ave	enue West, Suite	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Paul	State Zip Code MN 55114-1907	Transaction ID: 19342265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33114-1307	500.00
Name of Employer Minnesota Hospital Associ- ation	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (options	l)	1175.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 110 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel McInerney, Jr. Mailing Address 150 South Fifth Street Suite 2300 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Leonard, Street & Deinard, PA Receipt For: Primary General Other (specify)	State Zip Code MN 55402-4200 C Occupation Chair, Health Law Department Aggregate Year-to-Date 250.00	Date of Receipt M M M / 29 / 2011 Transaction ID: 19342267 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Mark A Skubic Mailing Address 6500 Excelsior Bouleva City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Park Nicollet Health Services Receipt For: Primary General Other (specify)	State Zip Code MN 55426-4702 C Occupation Vice President Government Relations Aggregate Year-to-Date 425.00	Date of Receipt M M Z 9 Z 0 1 1 Transaction ID: 19342276 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Ms. Mary Ellen Wells Mailing Address PO Box 201005 City Bloomington FEC ID number of contributing federal political committee. Name of Employer Experienced Resources LLC Receipt For: Primary General Other (specify)	State Zip Code MN 55420-6005 C Occupation Vice President Client Development Aggregate Year-to-Date 250.00	Date of Receipt M M M / 29 / 2011 Transaction ID: 19342279 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 110 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Michael Youso Mailing Address 1601 Golf Course Ro	pad		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grand Rapids FEC ID number of contributing federal political committee.	State MN	Zip Code 55744-8648	Transaction ID: 19342280 Amount of Each Receipt this Period 250.00
Name of Employer Grand Itasca Clinic and Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼		ecutive Officer e Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Brian Buchholz Mailing Address 14540 15th St. S			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Afton FEC ID number of contributing	State MN	Zip Code 55001-9310	Transaction ID: 19342351 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupatio Principal		
Full Name (Last, First, Middle Initial) Mr. Brendan Cassidy Mailing Address 2136 Ford Parkway			Date of Receipt M M M / D D / Y Y Y Y Y
City Saint Paul FEC ID number of contributing federal political committee.	State MN	Zip Code 55116-1863	0 8 0 3 2 0 1 1 Transaction ID: 19342370 Amount of Each Receipt this Period 250.00
Name of Employer Medicalis Receipt For: Primary General Other (specify) ▼	_, -	n Executive e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		_
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins		Date of Receipt
Mailing Address 6180 Lower Mountain		08 12 2011
City New Hope	State Zip Code PA 18938-5760	Transaction ID: 19342383 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP., Health Economics	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 253.35	
Full Name (Last, First, Middle Initial) Dr. Al Maghazehe Mailing Address 314 Stoney Ford Road	1	Date of Receipt
		08 12 2011
City Holland	State Zip Code PA 18966-2510	Transaction ID: 19342388
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1219.00
Name of Employer Capital Health	Occupation Chief Executive Officer	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1219.00	
Full Name (Last, First, Middle Initial) Mr. Rick Dahl		Date of Receipt
Mailing Address 380 St. Peter St. Ste. 600		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>S</u> aint Paul	State Zip Code MN 55102-1316	Transaction ID: 19342390
FEC ID number of contributing federal political committee.	C 35102-1516	Amount of Each Receipt this Period 250.00
Name of Employer BWBR Architects	Occupation Principal	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1474.00
TOTAL This Period (last page this line number	·	

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 110 (check only one) X 11a
or for	nformation copied from such Reports and Stockment of the commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Hospital Association PAC	name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A. M. M. Ci	ull Name (Last, First, Middle Initial) s. Rachel Weiss ailing Address 1500 Bay Plaza ity Vall Township EC ID number of contributing deral political committee. ame of Employer leridian Health ecceipt For: Primary General	State NJ C Occupation Director Aggregate	Zip Code 07719-3907 on e Year-to-Date ▼	Date of Receipt M M
B. <u>M</u>	Other (specify) ▼ Ull Name (Last, First, Middle Initial) Ir. Lamont Herman ailing Address 2300 Territorial Rd	0 0	200.00	Date of Receipt 0 8 0 3 2 0 1 1
FE fe Na H	ity aint Paul EC ID number of contributing deral political committee. ame of Employer unt Electric eceipt For: Primary Other (specify)	State MN C Occupation Vice Pres Aggregate		Transaction ID: 19342593 Amount of Each Receipt this Period 500.00
C. M. M. Ci	ull Name (Last, First, Middle Initial) is. Rachel Weiss ailing Address 1500 Bay Plaza	State NJ	Zip Code 07719-3907	Date of Receipt M M M
	ame of Employer leridian Health eceipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	e Year-to-Date ▼ 250.00	
SUB	STOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 110 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700			08 31 2011
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR1045726225419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify)	1	n ice President & General Cou e Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. David Schulke			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW		08 / 31 / 2011
	City	State	Zip Code	Transaction ID: PR1057462125419
	Washington	DC	20004-2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio VP Rese	n arch Programs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Sarah Berk			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1082532725419
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Washingt	, '	ssociate Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			188.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		08 31 2011
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1113464225419
	FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Section Director, Constituency Section	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
- s.	Full Name (Last, First, Middle Initial) Ms. Lisa Allen		Date of Receipt
	Mailing Address One North Franklin		08 31 2011
	City	State Zip Code	Transaction ID: PR1118928225419
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Chief Human Resor	ur
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
	Mailing Address One North Franklin		08 31 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1260472925419
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Professional Practice, AON	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Г	CURTOTAL of Descript This Description	>	84.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 110 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Elizabeth Baskett		Date of Receipt
	Mailing Address 325 Seventh Street, N		08 / 31 / Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1332167425419
	Washington	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Policy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	238.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347703425419
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin		08 31 7 2011
	City	State Zip Code	Transaction ID: PR1347703625419
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		108.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the	itatements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u>V</u>	Full Name (Last, First, Middle Initial) Ms. Susan Gergely		Date of Receipt
	Mailing Address One North Franklin		0 8
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1347791025419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Director of Operations, AONE Aggregate Year-to-Date	
	Primary General Other (specify) ▼	238.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Heather Drevna	L	Date of Receipt
	Mailing Address 3205 Ravensworth PL	0 8 3 1 2 0 1 1	
	City	State Zip Code	Transaction ID: PR1348169725419
	Alexandria	VA 22302-2107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31.80
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Advocacy and Member C	communica
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	222.80	P/R Deduction (\$15.90 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Sharon Allen	L	Date of Receipt
	Mailing Address 155 North Wacker Dri	/e	08 31 2011
	City	State Zip Code	Transaction ID: PR1474886225419
	Chicago	IL 60606-1709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Membership and Marketing Mana	ger ASHHR
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	ı	87.80

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Mark Colucci		Date of Receipt
	Mailing Address 1061 N Penny Ln		08 / 31 / Y Y Y Y Y
	City Palatine	State Zip Code IL 60067-1821	Transaction ID: PR1475133725419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation National Director Sponsorship and Ur	nde
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake	<u> </u>	Date of Receipt
	Mailing Address One North Franklin		08 31 YYYY 08 31 2011
	City	State Zip Code	Transaction ID: PR1492459925419
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	81.66
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - ASHHF	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	673.36	P/R Deduction (\$40.83 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Monica D Day	<u> </u>	Date of Receipt
	Mailing Address 10224 Prince Place #2	205	0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1516850625419
	Largo	MD 20774-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Political Affairs Coordinator	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-
	Other (specify)	238.00	Weekly)
Γ	CURTOTAL of Descints This Days (autisms)		149.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 83 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold name and address of any	or used by any person political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga			Date of Receipt
	Mailing Address One North Franklin			08 31 2011
	City Chicago	State Zip Cod		Transaction ID: PR1555656225419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3430	28.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Associate Director,		-
	Primary General Other (specify)	Aggregate Year-to-Date	238.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			08 31 2011
	City	State Zip Cod		Transaction ID: PR1555656525419
	Washington	DC 20004-	2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Washinot	Occupation Asst. Director Advoc	cacv & Member Co	mmu
	Receipt For:	Aggregate Year-to-Date		1
	Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Kathy Poole			Date of Receipt
	Mailing Address One North Franklin			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Cod	le	Transaction ID: PR1589439925419
	Chicago	IL 60606-	3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Director, Governance Aggregate Year-to-Date	•	
	Primary General Other (specify) ▼	99-19-10-10-10-10-10-10-10-10-10-10-10-10-10-	238.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		84.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 110 (check only one) X		
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	unot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Hospital Association PAG	C				
Full Name (Last, First, Middle Initial) Ms. Kimberly Baker			Date of Receipt		
City	State	Zip Code	Transaction ID: PR1590809125419		
Chicago	IL	60606-3436	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		28.00		
Name of Employer American Hospital Associa- tion-Chicago	Occupatio Director	n Travel Meeting Services			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Mr. Robert Kehoe			Date of Receipt		
Mailing Address One North Franklin	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Transaction ID: PR1625368325419			
Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		28.00		
Name of Employer American Hospital Associa- tion-Chicago	Occupatio Associate	n e Publisher Vertical Magazin	es		
Receipt For:	Aggregate	e Year-to-Date			
Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Mr. Stephen Hines			Date of Receipt		
Mailing Address 155 North Wacker	Drive		08 31 2011		
City	State	Zip Code	Transaction ID: PR1648726625419		
Chicago	<u>IL</u>	60606-1709	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		28.00		
Name of Employer American Hospital Associa- tion-Chicago		earch HRET			
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (614.00 Di		
Other (specify)		238.00	P/R Deduction (\$14.00 Bi- Weekly)		
SUBTOTAL of Receipts This Page (optional	- I		84.00		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A C	any information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		08 31 2011
	City Washington	State Zip Code DC 20004-2801	Transaction ID: PR1671258625419
	FEC ID number of contributing federal political committee.	C 20004-2601	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director, Policy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr Robert P. David		Date of Receipt
	Mailing Address One North Franklin		0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1677512425419
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Erik Rasmussen		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W	08 31 2011
	City	State Zip Code	Transaction ID: PR1819487925419
	<u>Washington</u>	DC 20004-2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
	CURTOTAL of Possints This Page (entional)		240.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86/110 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
	ine name and add	uress or arry political committee to	Solicit contributions from Such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
Ms. Linda Fishman			Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		08 31 2011
City	State	Zip Code	Transaction ID: PR327629125419
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior V	n ice President, Public Policy	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33 13111	680.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Michael P. McCue			Date of Receipt
Mailing Address 122 N. Greenwood A	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: PR327771625419
Park Ridge	IL	60068-3227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa-	Occupatio	n e Director	7
tion-Chicago Receipt For:		e Year-to-Date	
Primary General	Aggregate	e real-lo-Dale •	P/P Doduction (\$20.00 Pi
Other (specify)	0 0	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR327777225419
Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer American Hospital Associa- tion-Chicago		Long-Term Care	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi- Weekly)
			148.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 110 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
Mailing Address 1022 S. Harvey Aven	le	08 / 31 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327777825419
Oak Park	IL 60304-2132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa-	Occupation Vice President, Member Relations	
tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt
Mailing Address 1003 Kimberly Place		08 31 2011
City	State Zip Code	Transaction ID: PR327801725419
Great Falls	VA 22066-1546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN	1	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR327812025419
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE & Sr.	Vi
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis		Date of Receipt
	Mailing Address 6034 North 22nd Stree		08 31 2011
	City Arlington	State Zip Code VA 22205-3408	Transaction ID: PR327831725419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional Executive	1
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
 s.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan		Date of Receipt
	Mailing Address One North Franklin St	08 31 YYYY 2011	
	City	State Zip Code	Transaction ID: PR327846225419
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Meetings & Travel Ser	v
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt
	Mailing Address 2401 Calvert Street, N Apt. 1008	W	08 31 7 2011
	City Washington	State Zip Code DC 20008-2614	Transaction ID: PR327851925419
	FEC ID number of contributing federal political committee.	C 20000-2014	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy Development	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		120.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each car	te schedule(s) regory of the mmary Page	FOR LINE NUMBER: PAGE 89 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or fo	r information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or name and address of any po	used by any person litical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	American Hospital Association PAC			
٠	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
-	Mailing Address 325 Seventh Street, NV Suite 700			08 / 31 / 2011
	City Washington	State Zip Code DC 20004-28	18	Transaction ID: PR327858025419 Amount of Each Receipt this Period
Ī	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Politic	al Affairs	
I	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	680.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
Ī	Mailing Address One North Franklin			08 31 YYYYY 2011
	City	State Zip Code		Transaction ID: PR327877825419
- I	Millis FEC ID number of contributing federal political committee.	MA 60606-34	36	Amount of Each Receipt this Period 80.00
]	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive		
I	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	680.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom			Date of Receipt
	Mailing Address 130 North Garland Cou #3002	rt		08 31 2011
	City	State Zip Code IL 60602-47	50	Transaction ID: PR327895725419
Ī	Chicago FEC ID number of contributing federal political committee.	IL 60602-47	50	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President		
I	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	680.00	P/R Deduction (\$40.00 Bi- Weekly)
su	IBTOTAL of Receipts This Page (optional)			240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 110 (check only one) X
\ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			08 / 31 / Y Y Y Y Y
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR327906125419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004 2010	28.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼		Policy Development Year-to-Date 238.00	P/R Deduction (\$14.00 Bi-Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Judy Williams			Date of Receipt
	Mailing Address One North Franklin Stre	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327918925419
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director	n Membership	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328132825419
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt		t and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			136.00

ITE	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 110 (check only one) X 11a
or fo	NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committe	erson for the purpose of soliciting contributions se to solicit contributions from such committee.
۱. ا	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 7th Ave		08 31 2011
	City La Grange	State Zip Code IL 60525-6406	Transaction ID: PR328136925419 Amount of Each Receipt this Period
Ī	FEC ID number of contributing ederal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify)	Occupation Sr. Vice President, Member Relati Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett Mailing Address One North Franklin Str	eet	Date of Receipt 0 8 3 1 2 0 1 1
-	City	State Zip Code	Transaction ID: PR328174925419
_	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	28.00
-	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Executive Director, SHSMD Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 North Wayne		Date of Receipt
-			08 31 2011
	City Chicago	State Zip Code IL 60640-1318	Transaction ID: PR328223825419 Amount of Each Receipt this Period
Ī	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General	Occupation Vice President Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-
_	Other (specify)	680.00	Weekly)
su	BTOTAL of Receipts This Page (optional)		188.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each categ Detailed Sumi	schedule(s) gory of the	FOR LINE NUMBER: PAGE 92 / 110 (check only one) X
A or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or us name and address of any politi	sed by any person f cal committee to so	or the purpose of soliciting contributions licit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way	7'- O-d-		08 31 2011
	City Eagle	State Zip Code ID 83616-5369	,	Transaction ID: PR328241425419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 3475 North Venice Stre	08 31 7 2011		
	City	State Zip Code		Transaction ID: PR328260925419
	Arlington	VA 22207-4446	3	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice Presider	nt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ J & J \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ J & J & J \end{smallmatrix} \end{bmatrix}$
	City	State Zip Code	,	Transaction ID: PR328341825419
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	3	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Political Action		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
5	SUBTOTAL of Receipts This Page (optional)			200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 93 / 110 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be name and address of	e sold or used by any perse f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court	0::	0.1	08 31 2011
	City Yardlev		p Code 9067-5736	Transaction ID: PR328511825419
	FEC ID number of contributing federal political committee.	C	9007-3730	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Execu	utive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 1501 N. Harrison Stree	et		08 7 0 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City		p Code	Transaction ID: PR328512025419
	Arlington	VA 22	2205-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice Pre	esident, Communication	ons
	Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. George Arges			Date of Receipt
	Mailing Address One North Franklin St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		p Code	Transaction ID: PR328641125419
	Chicago FEC ID number of contributing		0606	Amount of Each Receipt this Period 40.00
	federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	. '	, Health Data Manage	em en
	Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 110 (check only one) X 11a 11b 11c 12 15 16 11
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av		08 / 08 / 2011
	City Chicago	State Zip Code IL 60606	Transaction ID: PR328913325419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions, Inc.	- - &
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt
	Mailing Address One North Franklin St	08 31 2011	
	City	State Zip Code	Transaction ID: PR329013425419
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Director	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. John R. Combes		Date of Receipt
	Mailing Address One North Franklin		0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR329071325419
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & Chief Operating Officer, C	-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
	CURTOTAL of Descipts This Dags (entires)	>	200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		08 / 000 / 2011
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR329084425419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
	Mailing Address 500 Interstate Bouleva	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR329215725419
	Nashville	TN 37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John Evans		Date of Receipt
	Mailing Address One North Franklin Str	reet	0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR329342625419
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President & CFO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	148.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris		Date of Receipt
	Mailing Address 1136 W. Farwell Ave.	7.0.1	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State Zip Code IL 60626-3861	Transaction ID: PR329654225419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASDVS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
	Mailing Address One North Franklin		08 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR330343325419
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director Member Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
	Mailing Address One North Franklin		08 / 31 / 2011
	City	State Zip Code	Transaction ID: PR330411625419
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Regional Executive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
ſ,	SUBTOTAL of Receipts This Page (optional)	<u> </u>	108.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 110 (check only one) X
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	W		08 31 2011
	City	State DC	Zip Code	Transaction ID: PR330465225419
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Deputy G	n General Counsel	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle Wes	st		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475425419
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address One North Franklin			08 31 2011
	City	State	Zip Code	Transaction ID: PR330547725419
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	, '	sident, Strategic Planning	
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		148.00

	r for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe Mailing Address 172 Atteridge City	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 110 (check only one) X 11a					
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) American Hospital Association PAC							
			Date of Receipt					
	Mailing Address 172 Atteridge		08 31 7 2011					
	City Lake Forest	State Zip Code IL 60045-1715	Transaction ID: PR330549225419 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	80.00					
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Vice President, Constituency Section Aggregate Year-to-Date ▼	_					
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)					
	Full Name (Last, First, Middle Initial) Mr. Anthony Spohn		Date of Receipt					
	Mailing Address 3219 N. Oriole		08 31 2011					
	City	State Zip Code	Transaction ID: PR331098325419					
	Chicago	IL 60634-3232	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	40.00					
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, Associate Membe	ersh					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)					
	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.		Date of Receipt					
	Mailing Address 1101 N. Kentucky Str	eet	08 31 2011					
	City	State Zip Code	Transaction ID: PR331278825419					
	Arlington	VA 22205-3515	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	28.00					
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, State Issues Forum						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)					
	SURTOTAL of Receipts This Page (optional)		148.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 110 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
Mailing Address 26 West Glendale Ave.		08 31 7 2011
City Alexandria	State Zip Code VA 22301-2402	Transaction ID: PR331304225419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Advocacy and Public Policy (— ○p
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	N	08 31 7 2011
City	State Zip Code	Transaction ID: PR331379125419
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Director Federal Relations & Police	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	N	08 31 7 2011
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR331386925419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004 2010	28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		136.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 110 (check only one) X					
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) American Hospital Association PAC							
<u>/_</u>	Full Name (Last, First, Middle Initial) Mr. Woodin Dale		Date of Receipt					
	Mailing Address 800 W. Central Road		08 31 7 2011					
	City	State Zip Code	Transaction ID: PR331481325419					
	Arlington Heights	IL 60005-2349	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	28.00					
	Name of Employer American Hospital Associa-	Occupation Executive Director, ASHE						
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	238.00	P/R Deduction (\$14.00 Bi- Weekly)					
	Full Name (Last, First, Middle Initial) Mr. Donald May	<u> </u>	Date of Receipt					
	Mailing Address 521 Great Falls St.		08 / 31 / 2011					
	City	State Zip Code	Transaction ID: PR331533225419					
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	80.00					
	Name of Employer American Hospital Associa- tion-Washinot	Occupation Vice President, Policy						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary ☐ General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)					
	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy	<u> </u>	Date of Receipt					
	Mailing Address One North Franklin		0 8 3 1 2 0 1 1					
	City	State Zip Code	Transaction ID: PR346168125419					
	Chicago	IL 60606-3436	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	80.00					
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)					
Г			188.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 110 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Megan Cundari		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700		08 / 031 / 4 2011
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR518031925419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	82.72
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 669.12	P/R Deduction (\$41.36 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Laura M. Werner		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	N	08 31 7 2011
City	State Zip Code DC 20004-2818	Transaction ID: PR560101525419
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Political Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Carlos Jackson		Date of Receipt
Mailing Address 325 Seventh Street, NV	N	M M / D D / Y Y Y Y Y O D D / 2011
City Washington	State Zip Code DC 20004-2802	Transaction ID: PR566280925419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004 2002	40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		150.72

SCHEDULE A (I	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purpos NAME OF COMMITT American Hospita	es, other than using the name and a EE (In Full)	ddress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First Ms. Ashley B. Thompso Mailing Address 60	on ,		Date of Receipt
City Alexandria	State VA	Zip Code 22314-4142	0 8 3 1 2 0 1 1 Transaction ID: PR766023725419 Amount of Each Receipt this Period
FEC ID number of co federal political comm	ittee.		40.00
Name of Employer American Hospital As tion-Washingt Receipt For: Primary Other (specify)	Aggrega General		P/R Deduction (\$20.00 Bi-Weekly)
			Date of Receipt 0 8 3 1 2 0 1 1
City	State	Zip Code	Transaction ID: PR801366325419
Washington FEC ID number of co federal political comm		20004-2818	Amount of Each Receipt this Period 28.00
Name of Employer American Hospital As tion-Washingt Receipt For: Primary Other (specify)	Aggrega General	on Associate Director Policy te Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
	y 5 Seventh Street, NW		Date of Receipt 0 8 3 1 2 0 1 1
City	ite 700 State	Zip Code	Transaction ID: PR876637225419
Washington FEC ID number of co federal political comm		20004-2818	Amount of Each Receipt this Period 40.00
Name of Employer American Hospital As tion-Washingt Receipt For: Primary Other (specify)	Aggrega General	on esident, Legislative Affairs te Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts	This Page (optional)		108.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 110 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay			Date of Receipt
	Mailing Address 10702 Benning Way			08
	City	State	Zip Code	Transaction ID: PR928186525419
	Spotsylvania	VA	22551-4670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director	n Communication Strategies	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
ь. В.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt
	Mailing Address One N. Franklin Street			0 8 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: PR939603925419
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executiv	n e Director Quality Center	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	56.00
TOTAL This Period (last page this line number only)	<u> </u>	79704.23

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and State or for commercial purposes, other than using the received by NAME OF COMMITTEE (In Full)	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personers of any political committee to	FOR LINE NUMBER: PAGE 104 / 110 (check only one) 11a 11b 11c 12 13 14 15 16 X 17 son for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	American Hospital Association PAC Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW			Date of Receipt 0 8 7 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State	Zip Code	Transaction ID: 19343074
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		37.59
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 562.51	Interest Earned
В.	Full Name (Last, First, Middle Initial) TD Bank			Date of Receipt
	Mailing Address 901 Seventh Street, NW	I		08 31 2011
	City	State	Zip Code	Transaction ID: 19343075
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		161.82
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 865.65	Interest Earned

		100.41
SUBTOTAL of Receipts This Page (optional)	•	199.41
TOTAL This Period (last page this line number only)	•	199.41

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	E NUMBER: PAGE 105 / 110
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Snowe For Senate			Transaction ID: 19317814 Date of Disbursement
Mailing Address PO Box 2012			08 / 11 / 2011
City Portland	State Zip Code ME 04104		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. Olympia J. Snowe	bursement For: 2012	Category/ Type	
X Senate President	X Primary General Other (specify) ▼		Contribution
State: ME District: Full Name (Last, First, Middle Initial)			Transaction ID: 19317815
Snowe For Senate Mailing Address PO Box 2012			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	7: 0 1		
City Portland	State Zip Code ME 04104		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1500.00
Candidate Name Sen. Olympia J. Snowe		Category/ Type	
χ Senate President	bursement For: 2012 Primary X General Other (specify) ▼		Contribution
State: ME District: Full Name (Last, First, Middle Initial)			Transaction ID: 19317816
Volunteers For Shimkus			Date of Disbursement
Mailing Address 700 12th Street NW Suite 700			08 11 2011
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. John M. Shimkus		Category/ Type	
Senate President	bursement For: 2012 X Primary General Other (specify)		Contribution
State: IL District: 19			
SUBTOTAL of Disbursements This Page (opti	onal)		4500.00

		Use separate schedule(s	())R LINE neck only		n.			FAC	3E 10	76 / 11	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	\Box	24 28c	25 29		30
	y Information copied from such Reports and Star for commercial purposes, other than using the na												
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress Mailing Address P.O. Box 490286					Trans Date o		sburs	-		317 Ž 0	Y - Y 1 1	
	City Chicago	State Zip Code IL 60649				Amou	ınt of	Each	Disb	-	nent th	-	iod
	Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr.			01 ateg	jory/						3000.	.00	
	Office Sought: X House Senate President State: IL District: 02	x Primary General Other (specify)				Contr	ibuti	on					
	Full Name (Last, First, Middle Initial) Duffy for Congress Mailing Address PO Box 186					Trans Date o		sburs			318 Ž 0	Y 1 Y	
	City Ashland Purpose of Disbursement Contribution	State Zip Code WI 54806	I	01	1	Amou	int of	Each	Disb		nent th		iod
	Candidate Name Rep. Sean Duffy		1	01 ateg Typ	jory/								
	Office Sought: X House Senate President State: WI District: 07	xsement For: 2012 X Primary General Other (specify) ▼	•			Contr	ibuti	on					
	Full Name (Last, First, Middle Initial) Pallone For Congress					Trans Date	of Di	sburs	emen				
	Mailing Address PO Box 3176					0 ^M 8	M /	^D 1	1 1	/ L	ž 0	11	
	City Long Branch	State Zip Code NJ 07740				Amou	int of	Each	Disb		nent th		iod
	Purpose of Disbursement Contribution Candidate Name		C	01 ateg	1 Jory/	L.					1000.	.00	-
	Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ District: 06	rsement For: 2012 X Primary General Other (specify)		Тур		Contr	ibuti	on					
	UBTOTAL of Disbursements This Page (options	IN.			•						5000.	00	_

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule	(s)			NE NUMBER: PAGE 107							/ 110			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	è	l À	ck or !1b		y one) 22 X 23				7 24		25		1 26	
	Detailed Guillinary Fag	C	ı⊢	27		28a		28b		28c		29		30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name															
NAME OF COMMITTEE (In Full)	and address or any point	<u> </u>			701101	. 001111		10110 11		00011					
American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress		Transaction ID: 19317914 Date of Disbursement													
Mailing Address P.O. Box 1441						08									
	State Zip Code KS 66601				Amount of Each Disbursement this Perio									od	
Purpose of Disbursement Contribution			011								25	0.00	0		
Candidate Name Rep. Lynn Jenkins			Categor	y/											
Senate X President	ment For: 2012 Primary General Other (specify)	I			(
State: KS District: 02 Full Name (Last, First, Middle Initial)															
Mike McIntyre For Congress					Transaction ID: 19322319 Date of Disbursement										
Mailing Address P.O. Box 1						0 8 M / D B / Y 2 0 1 1 Y									
•	State Zip Code NC 28359				Amount of Each Disburse					isburse	-			od	
Purpose of Disbursement Contribution	011					1000.00							0		
Candidate Name Rep. Mike McIntyre		C	Categor Type	tegory/ Гуре											
Senate X President	ment For: 2012 Primary General Other (specify)	al			(Contri	ibut	ion							
State: NC District: 07 Full Name (Last, First, Middle Initial)						_									
Snowe For Senate						Date	of D	isburs	em				V		
Mailing Address PO Box 2012						8 ^M 0	М	/ D 1	1 2		Ź	0 Ť	1 '		
	State Zip Code ME 04104					Amount of Each Disbursement this Period							od		
Purpose of Disbursement Contribution		011							0		10	00.0	0		
Candidate Name Sen. Olympia J. Snowe			Category/ Type												
X Senate President	ment For: 2012 Primary X General Other (specify)	al			(Contri	ibut	ion							
State: ME District:															
SUBTOTAL of Disbursements This Page (optional)											45	00.0	0		

TOTAL This Period (last page this line number only)

TEMES DISCUSSION	Use separate schedule(s) F(heck onl	y one)					/ 110
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	\Box	24 28c	25 29	П
Any Information copied from such Reports and State or for commercial purposes, other than using the n			person	for the pu	rpose of	soliciti	ng con		
NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) Nelson 2012					action I			31	
					of Disbur		Ι ί / Υ	ž 0 1	1 Y
Mailing Address PO Box 8666									
City Omaha	State Zip Code NE 68108			Amou	nt of Ead	ch Disk	oursem	ent this	Perio
Purpose of Disbursement Contribution		01	1	L.				1000.00	0
Candidate Name Sen. Ben Nelson		Cateo	gory/						
Office Sought: House Disbute X Senate President	rsement For: 2012 X Primary General Other (specify)	Тур	DE	Contr	ibution				
State: NE District: Full Name (Last, First, Middle Initial) Nelson 2012					action I			37	
Mailing Address PO Box 8666				0 ^M 8	M / C	11	/ Y	ž 0 1	1 Y
City Omaha	State Zip Code NE 68108			Amou	nt of Ead	ch Dist	oursem	ent this	Perio
Purpose of Disbursement Contribution		01	1					1500.00	0
Candidate Name Sen. Ben Nelson		Cateo	gory/						
X Senate President	rsement For: 2012 Primary X General Other (specify)	1 - 25		Contr	ibution				
State: NE District: Full Name (Last, First, Middle Initial)									
Chris Gibson For Congress				Date	action I of Disbur	semer			
Mailing Address PO Box 247				0 ^M 8	M / C	16	/ Y	ž 0 1	1 Y
City Kinderhook	State Zip Code NY 12106			Amou	nt of Ead	ch Dist	oursem	ent this	Perio
Purpose of Disbursement Contribution		01	1	L.				500.00	0
Candidate Name Rep. Chris Gibson		Category/ Type							
<u> </u>	x Primary General Other (specify)	I 1 1/1-		Contr	ibution				
State: NY District: 20									
	al)		•				3	000.00	0

ΙΤ	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	S Use sep for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b
	y Information copied from such Reports a for commercial purposes, other than using							
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PA	C						
	Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060)			Transaction ID: 1 Date of Disburseme	nt	0 1 1 `	Y
	City Los Angeles Purpose of Disbursement Contribution	State CA	Zip Code 90026	011	Amount of Each Dis		t this Pe	eriod
	Candidate Name Rep. Xavier Becerra			Category/ Type				
	Office Sought: X House Senate President State: CA District: 31	Disbursement For: X Primary Other (spe	2012 General ecify) ▼		Contribution			

SUBTOTAL of Disbursements This Page (optional)		2500.00
TOTAL This Period (last page this line number only)	•	19500.00

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 110 / 110 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 19343072 Newtek Merchant Solutions Date of Disbursement 0 4 0 8 2011 Mailing Address 744 N 4th Street City State Zip Code Amount of Each Disbursement this Period Milwaukee WI 53203 90.05 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 19343073 Paymentech Date of Disbursement 0 4 0 8 2011 Mailing Address 14221 Dallas Parkway **Building Two** City State Zip Code Amount of Each Disbursement this Period 75254 Dallas TX 28.50 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Merchant Fees

General

					 		_
SUBTOTAL of Disbursements This Page (optional)			0	0	 118.5	5	
TOTAL This Period (last page this line number only)	<u> </u>				 118.5	5	

Primary

Other (specify)

State: